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THE TENT SYSTEM OF THE BOSTON CITY HOSPITAL

By IDA WASHBURN

Boston City Hospital

It is evident to the most casual observer that the love of outdoor life by the American people increases with each year. To prove this statement we have only to look back at the past summer and see that even with the wonderful advance which has been made in transportation it has been almost impossible to keep pace with the demands of the public. Crowded cars and boats give ample testimony of this. Numberless summer homes have been built where once was the unbroken forest or the lonely shore.

A vacation is no longer a luxury, but a necessity, and the practical business man realizes this when he plans a two-weeks' rest for each of his employés. The numerous fresh-air funds, country homes for convalescent patients, and floating hospitals all point in the same direction: an outdoor life for a time, be it shorter or longer, for everybody.

Realizing the benefit to be derived from such a life by people suffering from certain diseases, as tuberculosis, many States and municipalities, as well as private corporations, have organized sanatoria for their care depending almost entirely for treatment upon fresh air added to proper diet.

That this element enters largely into the treatment of those persons suffering from nervous diseases, as well as the insane, is a well-known fact. History records that as early as 1854, in some of the stations of the Austrian army in Hungary, the plan was commenced of treating a portion of the patients under tents instead of in the permanent hospitals, and this was continued from spring to the end of autumn with very satisfactory results.

Patients were allowed to remain until quite cold weather, and it was found that when the thermometer fell to freezing-point at night no bad results followed, and, singularly enough, the men themselves, many of whom were severely ill, declined the offer of removal to the hospital.

Dr. Kraus, an Austrian military surgeon, in his records of 1861 speaks of the excellent results following this treatment, especially in cases of typhoid, smallpox, and gunshot wounds, and strongly advocates the use of tents for field hospitals in war.

The usual objections raised, that tents are too hot, too cold, too exposed, or likely to be wet, he considers to be of no practical value.

During the War of the Rebellion the example set in Hungary was followed on a gigantic scale, as the tent hospital was established under a great variety of conditions, and that it gave much satisfaction is evident by the strong commendation of the Surgeon-General of the United States Army, Dr. William A. Hammond.

What, then, can be done for the patients in a large city hospital during the summer months?

An answer to this question may be found in a brief description of the tent system which has been used from time to time at the Boston City Hospital.

The hospital is the fortunate possessor of a space of sodded land about four-fifths of an acre in extent, bounded on the north by the hospital buildings, with the two homes for nurses lying to the southwest, while to the east are huts for the isolation of suspected cases of smallpox.

There are large and small tents, connected by platforms—a tent for the head nurse, one for commissary purposes, a marquee, and lavatory—accommodation in all for sixty patients, medical and surgical.

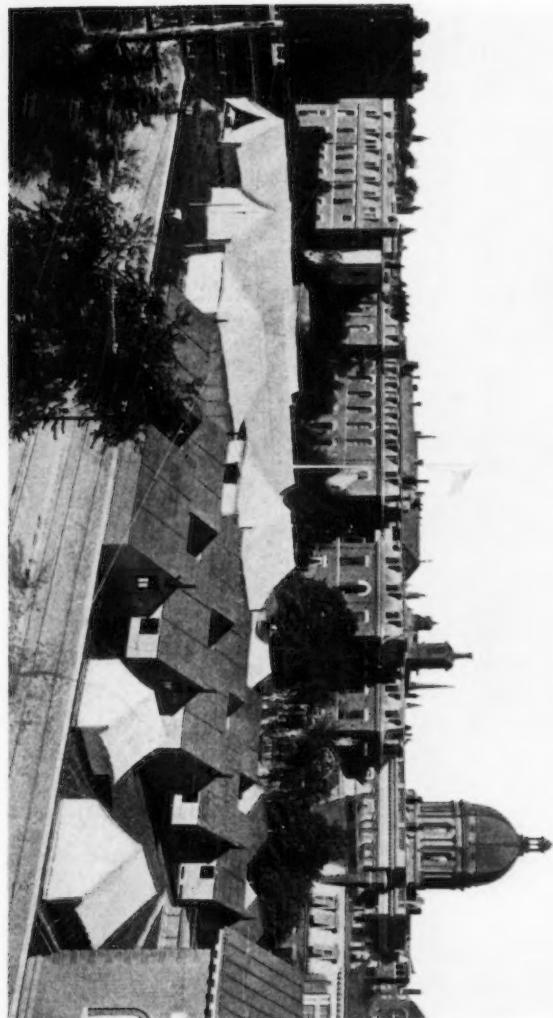
In the main the appointments are the same for either service. The bedsteads are of iron, and the bedding is the same as that used in the wards. In fact, when the first transfers were made from the hospital the patients were brought out on their mattresses placed upon trucks, so that they were disturbed as little as possible. The surgical tent is distinguished by its car for supplies and dressing-tables.

The patients are furnished with bedside tables and chairs. There are the usual screens, chart-holders, card-racks, and, in fact, all the appurtenances to which both patient and nurse have become accustomed.

The head nurse's tent combines an office and linen and supply closet. It is fourteen by fourteen feet, and is furnished with a desk, tables, lockers, and shelves for supplies. All linen from the laundry is brought here, folded, and kept for use. There is a telephone, and this tent, like all the others, is well lighted with electricity.

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EXTERIOR VIEW OF TENTS FOR SOLDIERS, 1898





EXTERIOR VIEW OF TENTS, BOSTON CITY HOSPITAL

The commissary tent is also fourteen by fourteen feet, and is furnished like the service room of a modern hospital in so far as is possible. Shelves for dishes, a sink with hot and cold water, oil-stove, refrigerator, and table for serving diets complete the appointments. The diets are brought from the hospital kitchen in covered tins and are served to the patients as quickly as possible. The sanitary arrangements are contained in a wooden structure which is screened from view and divided into toilet-rooms and lavatory proper, the latter containing ward crockery and disinfectant solutions. It is provided with a good supply of hot and cold water.

Last, but not least in point of popularity, is the marquee, which serves as a sitting-room for convalescent patients. Many pleasant hours are passed there in reading and playing games.

It has been found that the regular routine work of the hospital can be carried on as easily in the tents as in the wards. A force sufficient to carry on the work, systematically arranged, consists of a head nurse to take entire charge of both departments, a senior nurse, two junior nurses, and two orderlies for the day service of the surgical department, and the same for the medical department, together with a senior nurse and two orderlies by night. A porter, a wardmaid, and a woman to wash the floors and care for the lavatory are also requisite. Bedmaking, sweeping, dusting, patients' toilets, serving of diets, and giving of all treatment follow in the accustomed manner.

The general health of the nurses improves very much, and it has been the policy to let as many as possible enjoy the benefit of a few weeks of tent life. As they themselves say, it is almost like having a vacation. They wear the Training-School uniform, but are provided with sailor hats.

While the same deportment is expected as in other parts of the hospital, there is an especial air of cheerfulness pervading this department, showing the beneficence of sunshine and pure air. Among the patients an air of comfort prevails, and while it is not possible here to state exact results, it is safe to say that sufficient benefit is derived to more than justify the outlay.

Typhoid patients have in almost all instances convalesced rapidly, while surgical cases have proved anew the old doctrine that pure air is required for the prompt healing of wounds.

A practical side of the subject also is, that by the removal of patients from two wards to the tents an opportunity has been given to renovate in succession five wards of thirty patients each during the summer months, making fresh accommodations for one hundred and fifty patients.

A hospital having this tent system at its command is ready for an

emergency; as, for example, during the Spanish-American war in August, 1898, the hospital was notified on Sunday to prepare for two hundred and two soldiers who were to arrive on the following Thursday. This was accomplished, although it involved labor at the rate of two hundred days for one man. This number of soldiers was cared for in tents until October, when they were removed to huts for warmer shelter, where they remained until the famous blizzard which visited the whole North Atlantic coast in November, 1898.

It was observed during the war that the largest proportion of recoveries was made by those patients treated out-of-doors, in tents and under trees; the next largest, those who were cared for in farmhouses and barns, while the smallest was of those who were taken to the large hospitals. From these observations we may draw our own conclusions.

About the middle of September the patients are returned to the wards and the tents removed. It is hoped much lasting benefit has been received, and that each patient may have many pleasant memories of his summer outing.

THE TRAINING OF BABIES

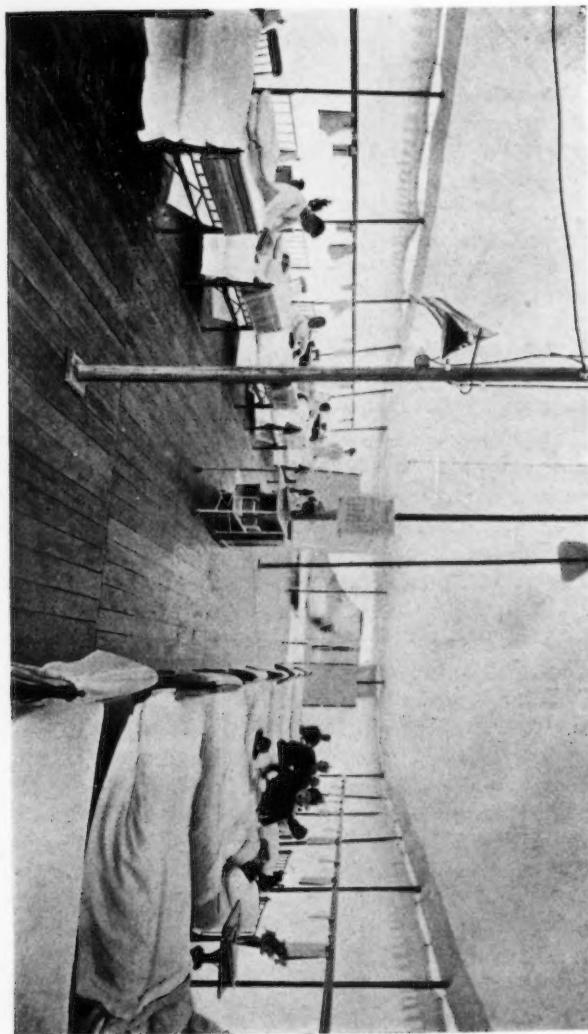
BY KATHARINE DEWITT

Graduate Illinois Training-School for Nurses

NURSES who care for children or who take obstetrical work come much in contact with nurse-maids and often work with them day after day. This may be made a very pleasant relationship if there is good-will on each side, but it sometimes fails of such a result, either because the nurse is dictatorial or tactless, or because the nurse-maid resents having anyone else in command and is determined not to be interfered with. Whenever we are brought into such a position, it rests with us, as having, supposedly, a broader point of view, to do everything in our power to make the wheels move smoothly, to give the nurse-maid consideration and kindness, and to relieve her as much as possible of the harder tasks, that she may be rested and able to go on by herself when our time has come to depart. It is a great mistake for the nurse to assume that she has all to teach and nothing to learn. A good, conscientious nurse-maid can often teach us many things, and we should not insist upon her doing things in our way if hers is just as good, though different.

In obstetrical work I am often called upon to teach a nurse-maid my methods, and it is a most delicate task. An old, experienced nurse-maid will often agree to all I suggest, and will care for the baby as I

INTERIOR VIEW OF TENTS



do while I am with her, but will immediately revert to her old ways as soon as my back is turned. The most satisfactory pupil is a young girl who has never before done such work, or a maid who has proved herself faithful and capable in other lines, but who is trying the care of a child as a change. I once asked a nurse-maid who had been working pleasantly with me for several weeks why so many of her class dislike trained nurses. She seemed embarrassed, and hesitated for a moment, then replied: "Well, so many trained nurses spoil the babies. They are not going to keep on with them, and they don't care." I could believe this true when I recalled having heard many a nurse say, "I love babies, but I just can't leave them alone," or the remark of a young mother, "Miss Blank takes good care of me and I like her, but I have to begin to break the baby of its bad habits as soon as she goes." It should be a matter of pride with us to leave our babies comfortable, happy, and well-established in the best of baby manners.

There is no question so frequently put to me by younger nurses as, "What do you do for a baby when it cries?" It always amuses me a little, for it is equivalent to asking, "What do you do for a patient who is uncomfortable?" and every nurse knows that the answer to this is as various as the source of the discomfort.

There are three great requisites to a baby's comfort—it must be well-fed and warm and dry. A baby whose food-question has not been settled cannot be happy or good, and no one need expect it. But if these three wants are filled, the baby should be content with life if the parents are willing to have it left alone. My observations convince me more and more that the overwrought, crying, wakeful babies have not had a fair chance in life. No baby is naturally "bad" or "cross."

One cannot be too careful in holding to the monotonous round of sleeping and eating, with only its dressing and undressing for exercise and excitement. To be held too long, to be in a bright light, and, above all, to be talked to and coaxed to smile are an immense strain upon its new little brain, and it takes a long time to settle down afterwards sufficiently to go to sleep. One enthusiastic young father of my acquaintance wrote out a set of "Johnnie-rules" and hung it above his son's crib. One was, "His ears are new, do not shout at him."

I like to have the flood of relatives and friends get the first glimpse of the baby in its bed, in another room than the mother's, during the first week, while it is still rather deaf and blind and not easily disturbed. Then, later, when its faculties are awake and acute, it can be left alone, and no one's feelings are hurt. If a baby must be seen for a moment, later, it should always be before a meal, for there should be an invariable rule that after eating it is to be put quietly to bed, to go to sleep, if

possible, and when this is done from the first there is seldom any trouble.

But suppose it frets after being put in its crib, what then? The diaper is probably wet, and it can be changed without taking the baby up, or there is a little gas which will not dispose of itself, and the baby must be held over the nurse's shoulder and gently patted to dislodge it. Then there are always wrinkles to be thought of, its clothes so easily get into ridges and bunches, and these must be made perfectly smooth. Sometimes a little milk has trickled from its mouth and has formed a damp, disagreeable spot under its cheek, sometimes a corner of its own or the bed's clothing touches its lips, suggestive of another dinner, and it is hunting around to find it and will be much obliged to you for removing the tantalizing suggestion. Sometimes a change of position diverts it from its trouble, sometimes a hot-water bag placed at its feet or at its stomach, outside of its clothes, is a comfort. If, after trying all your arts, sleep still seems afar, a drink of water is refreshing, but that too should be given while the baby is in bed. You can hold the bottle comfortably for it and let it take as much as it will if sufficient time, three-quarters of an hour, has elapsed since its last meal.

Sometimes a baby is crying merely because it is sleepy, and a very few minutes more will be enough to send it off; but the nurse must learn to interpret very wisely, not to let it suffer any discomfort which can be relieved, and not to be so assiduous in her attentions as to keep disturbing it as it begins to feel sleepy. At night it is better to keep the light as low as possible while attending to the baby, and to put it out entirely as soon as it is not needed.

There should be some means of good ventilation, for sleep in cool, dark rooms is sounder and more refreshing. Fresh air will not hurt a baby that is well covered and screened from draughts. If you watch the thermometer, and regulate the baby's covers by that, it will be much safer than to depend on your own variable feelings.

Regular hours for feeding are now so well established and are so generally acknowledged to be essential to the baby's good that I need not dwell on them. One exception which is sometimes made is in the two A. M. nursing. If after the ten P. M. meal the baby is inclined to sleep no longer than four hours, the habit may be encouraged, though it entails a little readjusting of the morning meals in order to get back to schedule time once more. Some babies absolutely refuse to eat at ten P. M., though they are taken up regularly and offered food. After faithful trials, it is better to let such have their long nap from six P. M. on, though this is not so good an arrangement for the nursing mother, and she must always be considered.

It is well for the nurse not to make too great a splurge at the start about "training the baby." In the first place, she may not succeed, and then her discomfiture will be great. Not all babies are amenable to training. Methods which succeed with one may fail with another. In the second place, the word "training" suggests to many people hours of crying on the part of the baby and of callous indifference on the part of the nurse. If the training can be carried on so easily and naturally that no one knows it is being done, the mother is spared any uneasy moments.

The more one has to do with babies, the more she comes to learn their ways and to interpret their desires. It is an art which cannot be wholly communicated to another, but to one who loves them there is a great pleasure in learning to interpret their signals of distress and to bring content out of trouble. It is a satisfaction, too, when one returns to a family to welcome a second baby, to find the first one with regular habits, going happily to sleep by itself, and free from the fretfulness which comes from overwrought nerves.

(To be continued.)

COOPERATIVE LIVING FOR THE PROFESSIONAL NURSE

By MARY T. ECKERT
Graduate Boston City Hospital

FOR years this question of how to get the most and the best at the least possible cost has been a problem that a few nurses only have solved to any degree of satisfaction. From time immemorial it has been the natural inclination of man to make for himself some abiding-place where he can find refuge and shelter from without and pleasure and comfort from within. And that dwelling-place, whether it be made of turf, wood, or stone, we call home. What the word "home" signifies none know better than the professional nurse in private work.

While in the hospital, if her mind and heart are in her work, its interests are hers to the extent that she becomes an integral part of it. Swiftly enough, the weeks and the months roll by, till finally there comes that day in which the summons comes to "go up" and receive her reward in the well-earned sheepskin and black band.

The majority of nurses after they are dubbed graduates separate themselves from their school. A great many, and perhaps most, nurses have very little ready money at their disposal when they leave the hospital, and the question of how to get the most and the best at the smallest possible cost becomes a very weighty one.

The great majority of nurses go in twos, and the first thing of importance that presents itself is the need of a dwelling-place, so they go forth with an inward feeling of fear and trembling, up one street, down another, in their search for some place to hang their hats and for the time being call home. After considerable wandering about and interviewing of various would-be landladies, they finally spy in one of the bay-windows of one of the long rows of brick houses a card with these words, "Square Room to Let." In they go, climb up two or three flights of stairs, as the case may be, and at the rear of the house is the "square room." Square it is—square walls. Its northern boundary is a folding bed and a square wall; its southern boundary square wall and mantel; bounded on the east by a square wall and closet door, and the west by square wall and door of egress—four square walls covered with a bewildering flower and of a color peculiar to cheap paper. The horror of those four square walls is with me yet. I never see the card, "Rooms to Let," but I feel as if I had seen a ghost. We paid four dollars a week for the privilege of looking at those four square walls and the "wrong side" of a fifth wall.

It is a narrow, unhealthy way to live, unhealthful for mind and body alike. Among the unpleasant things of living in one room is that of meals. You have no regular dining-tables; you get your meals wherever you happen to be—sometimes in a restaurant, sometimes in a boarding-house, and some nurses become "paper-bag lodgers." To live, eat, sleep, and drink in one room is just about as bad a state of affairs as can be, and yet there are a great many nurses that do just that, many of them because they are forced to it and can't help themselves.

To keep up the "strenuous" life of a nurse—and a strenuous life it certainly is—they need when they are off duty a nice, comfortable home to go to, a place that will give the advantages and comforts of a home-like way of living to as great an extent as possible; in other words, the most and the best that can be had at the smallest possible cost. The secret in a nutshell is coöperation. Now, as never before, coöperation is the order of the day. There are a great many that will say, "Well, I don't want to get in with a crowd of nurses." Very good, it is not at all necessary; the city is large and there are hundreds of houses in it. But I am inclined to think that many of us start out with a wrong idea when we wish to be alone, comparatively speaking. It is well for us—for most of us, at least—to live with others. It teaches us, if anything will, consideration and toleration for each other; then too the advantages socially and mentally of living with others are something, for it is only by coming in close contact with others that we learn to know ourselves.

I am not sure that I approve of a large number of nurses living together in the same house. I am inclined to think that coöperation in small bands of nurses is far more desirable. I have in mind a half-dozen nurses who think and feel they have hit on the best way for the majority of nurses to live. The fact that they have practised their method for five years, and that vacancies occur only through causes such as sickness, marriage, etc., is to my mind proof that it is a good way. Five years ago as a venture they took a suite of six rooms and a bath. They had all their goods and chattels moved in and are living there still. Among them all they had various pieces of furniture, but not enough to furnish the suite entire. Some household things, such as dining-table, chairs, dishes, cooking utensils, napkins, towels, curtains, etc., had to be purchased. The things were gotten, and each one of the six paid a sixth of the whole, so that it was not a heavy bill for anyone. The suite had to be leased in the name of one person, but on the coöperative plan, everything being equal, each one of the six is as responsible for the rent of the suite when the first of the month comes around as the other.

They have a "strong box" in which the household money, receipts, bills, etc., are kept. It is an understood thing that each nurse before the first of every month comes around sees to it that her sixth of the whole is in the "strong box," then the nurse who happens to be most conveniently at hand makes up the rent and receives the receipt. When any extra cleaning or washing of windows and curtains is done the bill is paid by whoever is in and the whole divided by six, each one of the six paying her share.

The home atmosphere in the suite is such that everyone coming in notices it and exclaims, "How lovely!" "What good times you must have!" "If I were here, I shouldn't ever want to go on a case." "Can't you make room for me and let me come and live with you?" and so on.

They have a reception-room, a sewing-room, a den, a bedroom with a real bed in it, a dining-room, and a kitchen in which some delicious dishes are concocted. All these rooms open off one hall, at the end of which is the bath-room, nice and warm all the time and with plenty of hot water.

No one of the six has any particular room, but all have the same rights and privileges in every room. Furniture, pictures, and all such are placed where they look the best and give the most pleasure. When two or three are in they have splendid times keeping house. When it has been decided what they will have for meals, one goes out and does the buying, another gets the meal, while the third acts as her assistant, and so on, each one in turn. At night what each one has spent for the

household is added up and divided by the number of persons concerned. Everything being done in combination, each one's share seems light, and the pleasure and relaxation from doing a little home-like housework is a recreation.

They have a gas-stove, and every one of the six can get a meal fit for a king. Being amateurs, they sometimes make mistakes, as, for example, one day they were having broiled chicken. The cook and her assistant took great pains to have everything very elaborate, but, they forgot to singe the chicken. I leave you to imagine their amazement and chagrin when the party of four sat down to the table to find every hair standing out on that chicken as if it had been charged with electricity. An invitation to a tea, lunch, or Dutch dinner at this suite is hailed with delight by the recipient.

In the harvest season they revel in a barrel from their country friends filled with apples, potatoes, squash, and a pumpkin or two, and that reminds me of their pies. Such delicious pumpkin pie I haven't eaten since my childhood—made on the coöperative plan too. You think nothing of eating a third of it at one sitting and wish you had more.

Then with the Christmas boxes from home filled with jellies, fruit-cake, and canned fruits you literally live on the fat of the land, not to mention the deliciously fresh eggs that often find their way from the country to the suite.

I hope that what I have written will induce other nurses to follow the example of my friends. A few congenial souls banded together make living pleasanter, stronger, and cheaper. And if, as sometimes happens, you are forced to play Mr. Micawber, you will find it much pleasanter all around to play the part in six rooms than in one.

THE TRAINING-SCHOOL OF TO-DAY

By CLARA B. CAHOON

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NOWHERE are the sins and shortcomings of the individual worker so visited upon all members of a profession as among trained nurses. Truly the public is often most unjust in censuring the whole body of graduates for the mistakes of an individual member. Oh, that they were as ready to credit all with the virtues of each. We can best counteract this prejudice by insuring the highest standard for each member.

The first and greatest need of the profession of nursing to-day is such care in choosing and admitting probationers, and such a broad and uniform curriculum, course of study, and hospital experience, that the title "graduate nurse" may represent as nearly a uniform product as the individuality of those trained for the work permits. If the small, special, and private hospitals find it to their advantage to establish training-schools instead of paying graduates to do their work, they owe it to the nurses they train to so interchange with other hospitals as to give, in their course, practical training and experience in every branch of nursing—medical, surgical, gynaecological, obstetrical, eye and ear, contagious diseases, care of children, care of insane, etc. We owe it to those self-same nurses and the public whom we serve, as well as to our profession, to see that they do so. They have no right to take three of the best years of work out of those girls' lives unless they are prepared to give them, in return, the thorough training which they promise and which their diplomas represent. Do I hear you say, "We have nothing to do with that. It is a matter between such hospitals and the probationers whom they admit. Their graduates must look out for their own interests"? You forget how little they know, when at first they enter, of the difference in the advantages offered by the various schools, and of what a broad and thorough course of training means. You forget that the fact of having been in one hospital makes it very hard, if not impossible, to gain admission into any other. When they discover how inadequate is their course of training, they must give up the work entirely, risk constant danger of meeting emergencies for which they are not prepared, or take up such post-graduate work as is required to round out and complete their training in every direction.

"Even if a man has nothing to do but turn a grindstone or sweep streets, he had better be educated."

How frequently we hear, even among physicians, the phrase, "The case was a light one. She was not sick enough to require a trained nurse. Most anyone could take care of her." How often these same cases, so light in the beginning, develop into most dangerous diseases. What is more discouraging than a call to the typhoid patient who has been cared for by "most anyone" until too late? or more heartrending than the grief of the bereaved family at the realization that skilled nursing from the first might have saved the loved one? yet they do frequently realize it, no matter how carefully both physician and nurse try to veil the fact.

A reserve of knowledge and ability is just as essential as a reserve of strength. No one should habitually work up to their limit in any direction except in the quality of their work. Because the "unexpected"

more often happens in sickness than elsewhere, this reserve force is more necessary in medicine and nursing than in other professions.

Why seek the lowest standard of skill, which may be used for the hour, instead of the highest which can be obtained? Probably to save expense. How often it only increases it. There are many sick who are unable to pay the rates, which the public seem to consider exorbitant, while we find our income altogether inadequate for current expenses, the much-needed rest and recreation between cases, and funds for old age and the proverbial rainy day.

This demand is not satisfactorily filled by trained attendants or nurses from small hospitals, who are supposed to go at reduced rates because undertrained. For many reasons this system seems most unsatisfactory to such nurses or attendants, to the physicians and public whom they serve, and to graduate nurses. Their expenses are less than ours only to the extent to which their tastes and their standard of living are lower.

The only way they can offset this is to obtain cases so light that they can work continuously, without the rest between cases which we find indispensable to good work. As there are few demands of this nature among people of moderate means, who rarely send for a nurse except in extreme illness, they are constantly tempted to represent themselves as superior nurses and ask the highest rates, not only imposing upon a credulous public, but by inferior work bringing much criticism upon those to whom they pretend to belong. If we must have such a grade of attendants, may they be so distinguished that they cannot possibly pose as superior nurses. I do not see how this can be altogether prevented. If they seek the lighter cases, they must work almost entirely among the wealthy class, not only failing entirely to do the work among those of limited means, which is the only excuse for their training, but lessening the time the graduate can work by leaving for her only cases so heavy that she must take a long rest after each.

Again, the care required is regulated by the degree of illness, not by the length of the purse. Because the cases are more severe, the surroundings more difficult, the need of the highest skill is increased, not diminished, among those of moderate means. The physician is often perplexed in his endeavor to reconcile the needs of his patient and the finances of the family. In the larger cities this condition can be greatly improved by a thorough coöperation and understanding between the physicians and nurses, by the aid of hourly nursing, district nursing, settlements, hospitals, and other organizations, and by the establishment of a sick fund to which the patient shall pay what he can afford when in need of skilled nursing, through which we can give something

of our time and skill or make a reduction in fee without danger of lowering the rates.

Mrs. Livermore says, "It is necessary, I think, in order to be a good nurse, to be a little better woman than if you were to be a wife, a teacher, a minister, or to occupy or fill any one of the other positions that are open so plentifully and abundantly to woman at the present day."

She should have infinite tact, and be "tender, kind-hearted, self-controlled." Like a true soldier, she wants nothing but to be perfectly sure of her orders. To the doctor she gives explicit obedience and perfect candor. She inspires all who know her with perfect confidence. She has discrimination, quick, just judgment in minute things, perfect health, and a sunny disposition. "A good woman is the best thing God ever made," a good nurse the crystallization of all that is best and loveliest in womanhood, giving ever a predominant impression of character, not costume. She builds the greatest thing on earth who builds character.

"Destiny turns on character, and the upbuilding of that character should be the most cherished ambition" of every nurse.

"There is no royal road to liberty and largeness and happiness except that which comes from the perfection and exaltation of one's own nature."

Let no training-school be satisfied to graduate the same woman it admitted with the simple addition of technical skill and practical knowledge of the care of the sick, even if that were the very best, which it cannot be if her other powers have lain dormant during the course of training. It should look to the development along every line of all that is best and noblest in her, correct faults of health, morals, intuitions, carriage, manner, speech. She goes to you with the best intentions of gaining all possible knowledge and development from the long and arduous course of training. You demand of her, through three of the best years of her life, the most strenuous, thorough, and conscientious performance of every duty assigned to her and the strictest attention to every detail of her work. You reserve the right to dismiss her from the school at any time should she fall short of your standard. Nay, more, you owe it to your graduates to do so, rather than graduate one nurse who is a discredit to the school and whose life, work, and reputation is such as to injure those of high principles and sterling character who by loyalty to the same Alma Mater, by the conscientious performance of every duty, by industry, intelligence, application, observation, quickness, and discrimination have made the best of every lesson, lecture, clinic, and practical demonstration, improved every opportunity which came to them to fit themselves to go forth into the paths of sickness and suffer-

ing, "with healing and with hope." Does the school owe her nothing in return? Yea, verily! It owes her an equivalent for value received. It should train with some thought of the nurse as well as of the hospital. It owes each nurse a separate room. Every woman needs to spend some part of each day by herself; to be entirely alone and unobserved; to cultivate ease and repose of manner and habits of introspection; to be able for some part of each day to concentrate herself on any matter without danger of interruption. It owes her good, nourishing food, a comfortable home, and pleasant, home-like surroundings. It should care for her health and teach her to do the same. How often we see the finest pupils so broken in health by the course of training that they have never again the strength to practise the profession they have worked so hard to attain. The school which robs its pupils of health takes from them the foundation upon which all happiness and usefulness are built. In so far as it impairs the physical woman, it impairs the medium through which the highest life and work must ever be accomplished.

It owes her shorter hours of work, sufficient rest and recreation to keep the disposition sweet, amiable, and sunny and the mental faculties in the most receptive condition, that she may absorb and remember the largest possible amount of useful knowledge from her surroundings and develop herself along other than medical lines; time for out-of-door exercise, athletics, and the best possible physical development; time for reading, ready access to books of reference, and for intellectual growth.

"Blessed is she whose eye is serene, whose voice is gentle, whose heart is sweet, whose life makes happiness."

It should demand of her less of rush and hurry, give her time to turn aside for any little necessary kindness or assistance to a patient, even though it be out of the ordinary routine; time to show every courtesy to all with whom she comes in contact. Let nothing be too small or unimportant for a nurse to attend to, as "trifles constitute perfection and perfection is no mere trifle." She should learn this axiom early and practise it hour by hour through her training.

Instead of developing and fostering thus in her the hurry and pressure of work, more often make it impossible for her to follow the natural desire in this respect with which she entered the school. Quickness is essential, so are sympathy, smoothness, and kindness of manner. Can we afford to sacrifice them all to the necessity of doing everything in a given time?

Each of us can recall one classmate who did everything she undertook quite as well as anyone in the school. Train each pupil to be thus careful of every detail. Let the individuality and tastes of each patient

be to her an open book of interest, from which she is constantly learning something new.

The most commonplace work is often spoiled by being done in a commonplace way. Keep ever before the student nurses the highest ideal, "The vision beautiful." Let the whole trend of the training-school life be to arm them with love and kindness, with service and sympathy for others, which shall put self out of their thoughts. May each remember ever that "It is easier to criticise the greatest thing sublimely than to do the smallest thing well," and that sickness shows at the worst both their patients and the homes into which they go.

Hang upon the study wall, that it may become engraved upon their hearts, a copy of the oath of Hippocrates:

"With purity and holiness I will pass my life and practise my art. Into whatsoever houses I enter I will abstain from any voluntary act of mischief or corruption.

"In connection with my professional practice, whatsoever I see or hear in the life of men which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept sacred."

Teach them promptness without hurry. Teach them to put themselves in the place of those they meet, and they must needs do ever the kind and courteous thing without effort. Teach them to make efficient assistants of the most incapable, that they may obtain sufficient rest without neglect of patients. Never permit borrowing, gossip, or carelessness. Train them in accuracy of speech as well as work and observation. Teach them to avoid the extreme of conscientiousness, and hypersensitiveness, which accompany overwrought nerves.

Admit only those who are well fitted and prepared for the work and give them a broad and liberal course of study, which shall be interesting to the last. Every school should have a post-graduate course, and assist its nurses in every way to keep up with the advance of the profession.

The school club should give the most restful and home-like life open to the private nurse—the maximum of comfort, interest, and pleasure at the minimum of expense. It will insure more intimate, direct, and lasting business relations than any nurse can establish for herself. The nurses preparing for private duty who can look forward to such a comfortable home and established business when her course is completed is saved much anxiety.

Any school with a sufficient number of graduates who will make it their home and pay to it the money they would pay elsewhere for current expenses can easily support such a club.

Each school should have its alumnae society, which affiliates with those of other schools, the county, State, and national associations.

By interesting pupil nurses in school, club, and societies and the best literature of the profession, the superintendent broadens and benefits their whole future career. No one can do so much in this direction. Herein lies her strongest influence with her alumnae.

"In ethics you cannot better the Golden Rule."

Avoid jealousy and envy. Promote a genial friendship and sisterly feeling among pupils, and courtesy to sister nurses, whether acquaintances or not, especially to graduates of the school. Make their return a veritable home-coming and assist them in every way to keep up with the progress of the profession.

THE PREPARATION FOR PRIVATE NURSING

BY ANNIE H. ROSS, B.A.
Philadelphia, Pa.

WITH a large number of excellent training-schools, the facilities for the training of the private nurse are few. This seems at first a doubtful statement, since every year each school contributes to the number of private nurses.

Nevertheless, these graduates are but indifferently equipped for the work before them. They may be well-trained in acute work, in the management of a ward, in all departments of surgical nursing, but this is not sufficient to solve the many intricacies of private nursing.

The objection is that where instruction is given in ward work little or none is given in the finer touches of private work. True, most hospitals have private rooms, but invariably where the work is better done the nurses employed are graduates, so that the pupil nurses have little opportunity of acquiring special knowledge.

So often doctors complain that nurses are anxious to leave their patients in the convalescent stage, where the nursing is just as important and requires more tact than in the acute stages. This complaint is most frequently made of young nurses, who are but recent graduates, and may be due to the fact that patients so seldom spend all the stages of convalescence in the hospital that the nurse gets a habit of relinquishing a case once the danger is over; or it may be due to a restlessness born of the constant variety of the large hospital.

Now a great deal of private nursing is of necessity convalescent

nursing, since in almost all cases diet is an important feature. And fortunately such is the case, since it gives the patient an opportunity of readjusting slowly its normal condition, while, on the other hand, the severe anxiety being removed, the nurse has a chance to rest. And from a commercial point of view it pays better, since convalescent nursing does not require such long rests to regain energy expended.

Occasionally we hear with much wonder of a nurse antagonizing her patient. This is more common than may be thought, and no doubt illustrates the danger of ward training, where not the individual, but the class, must be considered. It is usually attributed to temperament, but in a three-years' course temperamental difficulties of such a character ought to be pretty well eliminated, so the training is not always free from blame.

To use an illustration, I once heard of a mother who, being complimented upon the behavior of her children, replied, "I never make points with a child." The same rule applies in caring for a sick or nervous person. If there is a question of right or wrong, well and good, be firm; if there is no question, or the question exists only in your imagination, let it go. Surrendering a few minor points will not necessarily undermine your grasp of the situation.

To *appear* to be in sympathy with a patient is not enough, you must *be* in sympathy; you must cultivate an atmosphere of fellow-feeling. And not enough attention is paid to this very thing, atmosphere. With much anxiety over medicine and nourishment, the temperature of the room, too little attention is paid to that mental barometer which registers the atmosphere of a sick-room. Although every observant nurse must recall many rooms and wards where it was impossible to criticise because a genial atmosphere disarmed them, who has not known a doctor breathe a long sigh of relief and take a more hopeful view of a case because an air of repose pervaded the room?

You will say such things are acquired through observation, not through teaching. True, but one man's observations become another generation's science. What we work out to-day is passed on to the student of to-morrow, that being unhampered with such investigations she may acquire yet more advanced knowledge.

If, then, there might be some well-conducted private hospital or private departments in all general hospitals where the pupil nurses of to-day might have the benefit of the precedents worked out by the nurses of the past, might we not hope to hear less criticism of nurses as a class, of the lack of tact, of the "this" and "that" that is a drawback to the advance of the profession?

To close with a word about the one problem in which a hospital

can give no practical knowledge—the nurse's position in a family. Often unwelcome, too often a trial, she may lighten the burden by considering herself a guest and conducting herself as such—a guest who is determined to give her hostess as little trouble as possible.

THE TREATMENT OF FAMILIES IN WHICH THERE IS SICKNESS*

By LILIAN D. WALD

(Concluded from page 519)

THE USE OF LYING-IN HOSPITALS.

As to the use of the lying-in hospitals, the nature of each case so largely governs judgment upon it that it is not easy to advise. It should be remembered, however, that, particularly in the case of the large and well-advertised midwifery hospitals, a married woman often loses social caste by going to them for confinement. Where the family tie is so often strained by hardship and difficult problems, one hesitates to weaken it at a time like this. Surely so when the first baby comes. Illness or lack of work may have left the family, normally careful and thrifty, stranded at the time. I should consider deeply before advising separation of the couple at this time. Perhaps other arguments would prevail when the anxiety as to the household and many children is added. My own personal feelings are rather strong upon this matter, and have not been weakened by my experience in the best maternity hospitals. The mechanical character of the service seems more marked in these hospitals than in any other. Anticipation of abnormal childbirth, however, indicates hospital care, and the instructions as to hospital removal are to be here applied.

Your position is that of adviser to the family, and you should be familiar with the general laws of good housekeeping—ventilation of the rooms, the bedding, and the burning of the sweepings and dressings. All dressings should be burned, but in the summer-time, when kerosene stoves are much in use, this is not easy. Heavy paper bags may be supplied for the dry dressings which may have to be carried to a fire; otherwise the repulsive sight of these dressings on the ash-barrels may result.

It is also proper that you should have some knowledge as to the method of transmission of certain diseases, such as that scarlet fever is transmitted by particles of skin, and therefore vaseline, sweet oil, and

* Lecture to the Wister School in Philanthropy of the Charity Organization Society, New York.

similar emollients are used to prevent them from flying about, as well as for therapeutic reasons. This is also true of measles. Diphtheria is carried through the membranous exudate from nose and throat. In typhoid fever the germs are in the stools, and the bedding, clothing, stools, and dishes should be thoroughly disinfected. Chloride of lime is probably the cheapest good disinfectant, and will for that reason, if prescribed, be used more freely. The germ of pulmonary tuberculosis is in the sputa, and the expectoration should be in cups or rags, which must be burned. Whooping-cough is conveyed by direct contact.

This knowledge will make you observant of happenings and possible corrections of them. For example, the nurse observes a woman using her apron to wipe a child's nose where discharge was profuse in a scarlet-fever case, and then sitting on the front stoop surrounded by little children, seltzer bottles handled by the sick and returned, metal-top milk-bottles sent back to the dairy after being exposed to infection, etc., etc.

You should also have knowledge of the proper cleansing of your own body and hair. There is nothing so good as boiling water to sterilize. Fresh air and proper feeding and sufficient rest are the best preventive treatment.

The Department of Health gives the following instruction on daily report: "All teachers and scholars who are members of a family in which a case of diphtheria, scarlet fever, measles, or chicken-pox has occurred should be excluded from schools until premises are disinfected; where whooping-cough occurs, all in the family, who have not previously had the disease, must be excluded; in case of smallpox, all residents in the house must be excluded from schools until three weeks from the time the case was reported. In typhoid fever and erysipelas exclusion is not required."

The following are given as illustrations of the various conditions that are met and to which I have alluded in this discourse on the treatment of families in which there is sickness

CASE I.—An Italian, was found by one of the nurses on Monroe Street. He had recently returned from Bellevue, where he had been for several weeks. The family consisted of father, mother, two boys in the Five Points Mission, and two girls at home. They lived on the top floor of a rear house. The patient was paralyzed below his waist and had undergone several operations; he was also suffering from three large bedsores. He was lying on a hard cot with one sheet over him and only rags beneath. The wife sat by the window finishing knee-pants. This was the only means of support for the family. The first thought of the nurse was removal to a hospital, but upon talking with him she found

that he had been very unhappy in the hospital, and absolutely refused to consider a return to it. The nurse secured an air-bed for him and loaned sheets, pillow-cases, and night-clothes; interested friends to send nourishment,—eggs, milk,—and went herself twice daily to attend to the dressings. The mother sewed on the knee-pants while daylight lasted, and when it became too dark to sew she washed the sheets and pillow-cases and night-clothes, that the nurse might have clean linen the next day. This condition continued several weeks, when the mother began to show signs of being run down from exertion. Again the nurse pressed the hospital. The patient still refused, but at last, after twenty-four hours' consideration, said that he would go to any hospital but the one in which he had been before. As this was the only hospital that would take him in, the situation seemed hopeless. The only way in which he could have been taken to a hospital was by physical force. We felt that it was a cruel thing to insist upon his going when he begged so persistently to be left at home, and said his only prayer was that he might die at home with his family. We therefore made arrangements for assistance to the wife in housekeeping and sewing, that she might herself nurse her husband. When the nurse told the family that such arrangements had been made the man was overcome with emotion and fainted. He lived only a few weeks longer, but died, as he wished, at home.

The Association for the Improvement of the Condition of the Poor helped pay the rent; a club of women from the East Side gave eggs and groceries; the Centre Street Dispensary gave milk; sheets, pillow-cases, and dressings were provided by the Nurses' Settlement; a neighbor gave a couch.

CASE II.—Boy, empyema, in the New York Hospital. Contagion broke out in the children's ward and he was sent home, still needing an extensive daily dressing. The nurse was called in by the district physician. The dressing was almost too extensive to be done successfully at home, and after two weeks an appeal was made to the hospital to take him back again. They refused on account of their condition of quarantine. At the end of three weeks they had consented to take him in, but on the day he was to be admitted fresh contagion broke out in the hospital. Application for his admission was made then at another hospital and was refused on the ground that the first hospital should care for its patients. The home surroundings were not suitable, the family very poor, and there was nothing left but for the nurse to continue the daily dressings and do the best she could. Two weeks later he was readmitted to the first hospital. The mother hemmed handkerchiefs, which the father peddled. There was one other child.

CASE III.—A baby of two years, ill with pneumonia. The nurse found her with a high temperature; the mother had employed a private doctor. Air and light in the house were good (comparatively speaking). The mother seemed intelligent and capable of being instructed, so hospital was not advised. Baby was found on a feather bed covered with feather pillows, with a temperature of 105°. The nurse explained to the mother the desirability of cooler bedding and taught her how to arrange the crib properly. The front room was reserved for the sick baby and the mother was taught how to give the medicines, how to sponge the baby, and how to keep a record of the treatment. She devoted herself to the sick child, while her sister came to take care of the house and the two other children. The child's fever ran on for four days, and at the end subsided and the baby recovered.

CASE IV.—A call came from a charity society for the nurse to give her judgment as to the fitness of this case for a hospital. Upon visiting the house found comparatively good and comfortable rooms. A young couple, husband a tailor, wife severely ill after an abnormal child-birth. Thrifty people, with a good deal of sentiment, who had saved for the expected child. The complications of her illness made adequate medical treatment of this very sick woman impossible for them. The hospital was urged because—and it was very painstakingly explained to the husband that though the rooms were good enough and the home clean enough—she might suffer permanently if adequate treatment were not given now, explaining what was needed. Great objections were made, and the very sick woman appealed to her husband not to send her away. As patient was septic, none but the City Hospital would take her, and she had the usual prejudices against it. The friends of the family stirred themselves and secured a good physician's services. With the nurse's visits twice daily she recovered. It is true, however, that the husband remained at home from work to do his share of nursing, and that they were probably financially crippled and in debt as a consequence.

CASE V.—A nurse called in to a child three years of age, supposed case of diphtheria, but diagnosed by the Board of Health physician as a non-contagious disease. The child proved to have diphtheria; abscesses, pneumonia, and erysipelas followed. Too ill for hospital, and because the child was in excessive pain in a recumbent position the mother held him in her arms all the time. The father a chronic invalid, the mother a housekeeper in a tenement (which meant no rent to pay), and one boy earning small wages. The nurse visited the child three times a day, sponging, irrigating, and performing the different treatments prescribed. A physician from the dispensary, a milk ticket from the diet

kitchen, and the assistance of a relative, who looked after the house-keeping, was what was needed to carry the case through.

CASE VI.—Child; patient's father a peddler, the mother worked on cloaks. The nurse was called in at the request of the dispensary physician, and found one of the seven children ill with scarlet fever. She naturally advised the parents to send the child to the contagious hospital. The parents consented, and the child died there. Two weeks later the nurse stopped in to learn if other cases had followed, and found the two children ill at home. This time the parents refused to send their children away, and the utmost that could be done for the protection of the community was to have the nurse make frequent calls and admonish and advise, and, when possible, assist the mother. One day she found the mother working on cloaks and laying them on the bed occupied by the sick children. She notified the authorities of this, and frankly told the mother that she had done so and why she had done it. As this meant additional hardship to the family and enforced discontinuance of the work, the nurse communicated with a relief society and asked that money be given to the father to buy additional peddler's stock, as upon consulting with the family this was what seemed the most immediately helpful thing. The relief society delayed, and the nurses procured the money for the man, as immediate action seemed imperative. In this case milk was given daily and they were able without further assistance to exist through the period of illness.

AN OUTLINE OF THE BERLIN TRIP

BY MARY E. THORNTON

New York

THAT prince of guides, Grant Allen, advises the American traveller to make his first acquaintance with Europe in the country in England, and condemns what he describes as "the now fashionable route from America to the Mediterranean" as being the worst possible order in which an American can first visit Europe.

Given the advice and the good sense to follow it, where in England should the presentation be made other than in "its heart"—Chester, Leamington, Warwick, Stratford, Kenilworth, Coventry, Oxford, names to conjure with. Mr. Allen, in speaking of Oxford, says "It is the one thing in England which no American who values his soul should leave unseen on whatever consideration; it is unique in the world, like Venice. London you may see or not as you please, but you must see

Oxford, and, if possible, in May or June, before the colleges have 'gone down.'"

Stratford, where we shall sleep in the Red Horse Inn, mindful of the first American pilgrim to Warwickshire, who little thought, as he commented on the custom of visitors to the house where Shakespeare was born to sit in the chair where as a lad the poet was supposed to have sat, that his fellow-countrymen who were to follow him in pilgrimages to lovely Stratford-on-the-Avon would be shown his chair, in which he sat on that memorable night, making "the chair his throne, the poker his sceptre, and the little parlor his undisputed empire," and that for their dreams would be added the name of Washington Irving to those of "Shakespeare, the jubilee, and David Garrick." Cathedrals, chapels, castles, hedges, lich-gates, foot-paths, notably the one leading to Guy's Cliff House, visits to the house where Shakespeare was born (1564); to New Place, which he acquired about 1600, according to De Quincey, and where, William Winter tells us, very probably were written "Cymbeline," "The Tempest," and "A Winter's Tale" (would that that beautiful Hermione, Mary Anderson, might too be a visitor at the time we are there); Warwick, with its noble castle, its studies in architecture; Kenilworth, with its memories of Elizabeth, Leicester, Raleigh, and the beautiful Amy Robsart—all conspire to create a dreamer's paradise for tired workers. Having left (though unwillingly) this historic and romantic ground, we journey to London, the city of interest to us, so interwoven is it with all that we have read for profit or pleasure; and out of this great city has come already the assurance of a welcome for the nurses en route for the congress.

Passing Reading en route for London, it will be a trial not to stop off for a visit to the Garden Hostel established by the gracious lady of Warwick Castle. This radical departure in the way of training women is of tremendous interest to those of us who are of the workers. Established in 1898 in the face of much adverse criticism, it has steadily grown, and now the class of about fifty women are instructed in horticulture, dairy management, the raising of poultry, bee keeping (fancy reading Maeterlinck's classics and at the same time receiving scientific instruction on the subject), fruit and vegetable canning, pickle-making, and carpentry work. These subjects, however, are not taken up to the exclusion of domestic economy, for cooking, laundering, and house-keeping generally form an important part of the curriculum. Would that some multi-millionaire might, as a noted divine remarked recently, "feel it a disgrace to live rich" and establish such a training-school in our country.

Who shall say "what to see" in London? This much advice might

be advanced: take the bus, the top of it and beside the driver, thus getting at the very heart of the people. Visit the theatre on a first night, and after the theatre, should one feel a wee bit nostalgic, a visit to a restaurant in this city, where everything closes at half-after twelve, will insure dreams of American railway stations where a tempting menu is displayed, the order given, but a bell rings just in time to save you the slightest cause for indigestion.

Fortunately, there are dates set for congresses, sailings of steamships, etc., else one might forget she was on a two-months' trip and, having reached The Hague, wish to settle down and rest there, or at Scheveningen among the quaint brick houses, palaces, old streets, and picturesquely attired Dutch people. But there is awaiting the tourist Antwerp, with its Rubens; Cologne and its wonderful Cathedral, the shrine of the three Magi.

From Cologne, boarding the Rhine steamer, one is carried up that most beautiful stream in the world, thronging with memories, pregnant with history: the Lorelei, the Seven Mountains, the ruined Drachenfels, Coblenz with its recollections of Marceau, Ehrenbreitstein, Bingen, Mainz—all pass as in a dream, framed as they are in green hillsides, blossoming orchards, and purple vineyards; and in keeping with the mood thus engendered will be the visit to the Castle of the Wartburg in the forest of Thuringia, interesting in itself as the oldest of German castles, but having an added interest for all lovers of Tannhäuser.

Dresden and its galleries will need no introduction to art lovers, and in Berlin the week of the congress will serve as an effectual restorative to the twentieth century's problems.

At the end of the week, with renewed vigor, the plunge into the mediæval will again be made, commencing with Bavaria's capital, Munich, and passing into the Austrian Tyrol, visiting Innsbruck, picturesque at once and historical; proceeding by the beautiful mountain pass, the Brenner, at last Italy is reached and that in Venice—St. Mark's, the Ducal Palace, the Piazza, the Grand Canal, everything with the glow of that wonderful light upon it. Of more than the usual interest, were that possible, should be to nurses the Ospedale Civile, described so graphically by Miss Dock in the April JOURNAL, and, as she says, accommodating thirteen hundred patients, and used as such one hundred years; the Church of Maria della Salute, too, where we shall find Titian's great painting commemorating the plague of 1512. Having visited Pisa, Padua, and Florence, all of which, and especially the latter, beggar description, Milan and its Cathedral, its Leonardo da Vinci, its Raphael, the Ospedale Maggiore, all must be left, and our way taken up the Lakes Como, Lugano, and Maggiore through the

famous St. Gotthard tunnels into Switzerland. The writer not very long since heard Mr. Hamilton Mabie describing his first sight of the Jungfrau at night and by the moonlight, and very comforting was the thought that for not very much longer should she have to be content with other people's descriptions, even though the depicters be as gifted penpainters as the gentleman in question, of this most sublime sight; our first impressions are our very own, and who would exchange those we shall receive on a first tour abroad for any consideration? Interlachen, Lucerne, Zurich, Basle, then Paris, a city to be seen, not described; after Paris, possibly a glimpse at Amiens Cathedral en route for Boulogne-sur-Mer, where we shall set sail for home, our horizon broadened, our egotism subdued, our ambition stimulated, and with a firm resolve to go back as soon as possible for more stimulus, more chastening.

A SUBSTITUTE FOR RUBBER GLOVES*

A METHOD OF DISPENSING WITH RUBBER GLOVES AND THE ADHESIVE RUBBER DAM—A PRELIMINARY NOTE

BY JOHN B. MURPHY, A.M., M.D.

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THE disadvantages, inconveniences, and dangers of rubber gloves and dam, as well as their theoretical advantages, are well understood and will not be commented on here. For several months past I have been endeavoring to find a material that might be applied to the hands of the surgeon and skin of the patient which would practically seal these surfaces with an insoluble, impervious, and practically imperceptible coating—a coating that would not allow the secretions of the skin to escape and will not admit secretions, blood, or pus into the pores or crevices of the skin, at the same time one that will not interfere with the sense of touch or impair the pliability of the skin. I have ascertained that a four, six, or eight per cent. solution of gutta-percha in benzine fulfills all of these requirements, while a similar solution in acetone also meets most of the requirements. In my clinical experience in the last four months I have found that the four per cent. solution of rubber in benzine is the most serviceable for the hands, as it wears better on the tips of the fingers under handling instruments, sponges,

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and tissues than the acetone solution. For the abdomen the acetone solution has the advantage, as it dries in from three to four seconds after its application, while the benzine solution takes from two to three and a half minutes to dry to a firm coating. The acetone coating when dry is only slightly adhesive, while the benzine coating is sticky.

The method of application to the hands and forearms is that of simple washing, as with alcohol, care being taken to fill in around and beneath the nails. The hands must then be kept exposed to the air with the fingers separated until thoroughly dry. They may then be washed in alcohol, bichloride, or any of the antiseptic solutions without interfering with the coating or affecting the skin. It wears off on the tips of the fingers if the operations be many or prolonged, when another application may be made between operations; on the remaining portion of the hands one application is sufficient for a whole morning's work.

My routine method of hand preparation is as follows: First, five to seven minutes' washing with spirits of green soap (five per cent.) and running hot water; second, three-minutes' washing with alcohol; third, after thoroughly drying I pour on the rubber solution after the method above stated, allowing it to dry without rubbing, after the surface is thoroughly covered. The coating is so thin it can only be recognized by its glazed appearance. The coating will resist soap-and-water washing to cleanse the hands between operations. It is removed by washing in benzine.

The abdomen or surface preparation is five-minutes' scrubbing with spirits of green soap (five per cent.), then washing with ether, followed by alcohol. The surface is then swabbed over thoroughly with the acetone or benzine rubber solution.

The gutta-percha solution is prepared by dissolving pure gutta-percha chips in sterile benzine or acetone. This was accomplished first for me by the chemist, E. von Hermann. These solutions do not stand boiling, as it impairs the adhesiveness and elasticity of the coating. The advantages of this method of avoiding the dangers of infection from the hands and skin of the patient are very evident. In addition to the bactericidal properties of the benzine it prevents perspiration beneath the coated surface, and also the rubbing off of epithelia from the hands and skin surface into the wound. It does not puncture, like the rubber glove, and where it wears off on the finger-tips there is no accumulated epithelium or secretion beneath. It is, moreover, impermeable and precludes the ingress of infective flora or blood to the operator's skin. After operating, the surface washes clean as readily as the surface of a rubber glove. At the end of the day's work, when the hands are washed in benzine to remove the coating, the skin is very

soft and smooth. The surgeon's hands are thus protected from all of the deleterious effects of daily operating, which is in itself a safeguard against infection. Inoculation and bacteriologic tests are being made and will be reported in detail later. The simplicity and ease of application of this method, with its practical certainty of protection, should appeal to every operator.

[We are informed by the operating-room nurse of the Cook County Hospital that the cost of this coating for each pair of hands is about five cents.—Ed.]

THE NURSE AS A MEDICAL STUDENT

BY STELLA GARDNER, M.D.

Graduate Illinois Training-School

THE nurse who takes up the study and practice of medicine has certain advantages over her fellows who have not had a like experience.

The practical knowledge about the minor details of illness and its treatment, which a nurse's training gives her, is sometimes not attained in years by the physician. A doctor seldom spends twenty-four consecutive hours with one patient; very rarely does he give his entire time to one patient during the whole course of an illness. But the nurse knows how the sick man looks and acts at three o'clock in the morning as well as at noon, in convalescence as well as at the onset. She watches every phase of the case from beginning to end, through weary days and nights, and as a result has a "clinical picture" indelibly impressed upon her mind.

As a student the nurse starts out with a vocabulary the lack of which chains her less fortunate fellows to the dictionary for at least the first year of college life. When sub sultus tendinum is mentioned she knows it isn't a muscle in the forearm. Then she reads of rose spots in typhoid. She knows they do not look like American Beauties. It was an alumna of Smith College, not of a training-school for nurses, who gave the dose of calomel as "one to four drachms."

A nurse's surgical training develops the aseptic habit until it becomes almost an instinct. A slip in technique is almost an impossibility to her. The general practitioner who is only occasionally the surgeon rarely attains this desirable state, however perfect his theory of surgical cleanliness.

When a nurse has watched by the bedside of many cases of pneumonia, the color, the breathing, the cough, the pulse, the posture, the mental state, the whole picture, become as familiar to her as the

face of a friend. This knowledge is as valuable in making a diagnosis of pneumonia as that gained by the stethoscope.

One who has been special nurse to twenty or fifty or a hundred laparotomies, who has watched every minute of the first three days for the faintest sign of things going wrong—such a one would know better how to make a prognosis in abdominal cases than she ever could know without this experience.

As for treatment, the nurse not only knows what to give, but she knows how to give it. There are wise men who couldn't show the helpless amateur at nursing how to make a mustard plaster or fill an ice-bag.

One of the funniest sights ever seen is a dignified medical man who could tell you all about Cæsarian sections and podalic versions trying his hand for the first time at dressing the new baby.

Two words of warning might be given to the nurse who has in mind the study of medicine: first, don't make the fact that you know this or that because you are a trained nurse prominent to your fellow-students, or they will make you wish you had never seen a training-school; second, don't think your art can supply the place of the science you are in school to learn, or that your intuitions will take the place of reason.

HOME ECONOMICS

BY ALICE P. NORTON

Assistant Professor of Home Economics of the School of Education, University of Chicago

(Continued from page 531)

XII. THE COOKING OF FOOD—STARCHES

TWO VERY different views of the place of cookery and its relation to human welfare are those propounded by Socrates more than two thousand years ago and by Ruskin. Socrates says: "Cookery may seem to be an art, and it is not an art, but only experience and routine. Cookery simulates the disguise of medicine and pretends to know what food is the best for the body; and if the physicians and the cooks had to enter into a competition in which children were the judges, or men who had no more sense than children, as to which of them best understands the goodness or badness of food, the physician would be starved to death. A flattery, I deem this, and an ignoble sort of thing, because it aims at pleasure instead of good. And I do not call

this an art at all, but only an experience or routine, because it is unable to explain or to give a reason of the nature of its own applications. And I do not call any irrational thing an art."

Ruskin says: "It means the knowledge of Medea, and of Circe, and of Calypso, and of Helen, and of Rebekah, and of the Queen of Sheba. It means the knowledge of all herbs, and fruits, and balms, and spices; and of all that is healing and sweet in fields and groves and savory in meats; it means carefulness, and inventiveness, and watchfulness, and willingness, and readiness of appliance; it means the economy of your great-grandmothers, and the science of modern chemists; it means much tasting, and no wasting; it means English thoroughness, and French art, and Arabian hospitality; and it means, in fine, that you are to be perfectly and always 'ladies'—'loaf-givers'; and, as you are to see, imperatively, that everybody has something pretty to put on, so you are to see, yet more imperatively, that everybody has something nice to eat."

I am afraid modern cookery must sometimes plead guilty to the indictment of Socrates, so long as its sole aim is merely to tickle the palate and give pleasure rather than good. It cannot hope for a high position among the world's arts. But when we undertake the study of cookery from a different standpoint; when we investigate the food materials that we are using, and try to explain the changes that take place from the application of heat, and when our aim in this is to produce a food that is not only palatable but digestible in the highest degree, we feel that Ruskin has understated, rather than overstated the case.

A study of starch and its changes leads us far into the mysteries of botany and of chemistry, and even here we find many of our problems still unsolved. Certain things we can observe even though we may not be able adequately to explain them. If, with the aid of the microscope, a comparison be made between uncooked starch grains, the same grains cooked in water at a temperature of 140° F., and boiled starch, a marked difference will be seen. The low temperature cooking in the presence of water has enlarged the grains often to several times their original size. The boiled starch shows no structure whatever, showing that the grain has completely disintegrated in some way. There is every indication that it is in the latter condition only in which the starch is easily digested. Uncooked starch passes through the system practically undigested.

In the cooking of starchy foods another factor has generally to be considered. The starchy vegetables like potato have their starch-grains lying within the cellulose walls of the plant. Not only must the starch itself be cooked, but the cellulose walls must be broken down so that

the saliva and the intestinal juices may reach the starch. The disintegration of these walls is possibly purely mechanical, but it is exceedingly important.

It is hardly possible to overcook starch, unless one is using it simply as a thickening agent. One might, for instance, cook a corn-starch pudding so long that part of the starch would be changed into dextrin with a distinct loss of thickening power and a probable increase in digestibility. This change and the further one into sugar are almost sure to take place if starch is cooked for any length of time with an acid like lemon-juice.

Many foods contain both proteid and starch, and the problem becomes one of reconciling the low cooking temperature of the proteid with the high cooking temperature of the starch. In combinations of materials this can often be effected by first cooking the starch and then adding the proteid. For instance, a certain rule calls for milk, corn-starch, and egg. The egg in this case must be added just at the end of the process after the starch has been thoroughly cooked. When this is impossible, as it often is (for instance, in the case of the milk in the same rule), the principle of proteid cookery must be sacrificed to that of starch. In other words, it is more important to have the starch thoroughly cooked than to have the proteid cooked at a low temperature if there must be a choice between the two. A good illustration of this is the case of bread where we have both proteid and starch. We cannot separate these, therefore the higher temperature and the long thorough cooking must be the rule.

(To be continued.)

FORMULÆ FOR ANTISEPTIC SOLUTIONS USED IN THE ILLINOIS TRAINING-SCHOOL FOR NURSES

REVISED AND CORRECTED BY PROFESSOR WALTER S. HAINES

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THESE formulæ are not absolutely accurate but sufficiently so for practical purposes.

Bichloride of Mercury (corrosive sublimate; mercuric chloride).

Bichloride of Mercury Solution (1 in 500).

Bichloride of mercury, two drachms (by weight); common salt (sodium chloride), ten drachms; cold sterile water, one gallon.

Dissolve the salt and corrosive sublimate in about half a pint of water; filter this into sufficient water to make the gallon. Bichloride

of mercury is very heavy and requires thorough mixing. This solution may also be made without salt.

Metric formula: bichloride of mercury, eight grammes; cold sterile water, four litres.

Solutions of compounds of mercury must never be used on steel instruments or other metallic substances.

To make 1 in 1000 solution, take one part 1 in 500 solution and one part water.

To make 1 in 2000 solution, take one part 1 in 500 solution and three parts water.

To make 1 in 5000 solution, take one part 1 in 500 solution and nine parts water.

Carbolic Acid (phenic acid; phenol; phenyl alcohol).—An inflammable crystalline substance which partially melts on exposure to moist air.

Ninety-five Per Cent. Carbolic Acid.

To three fluidrachms of hot water add enough melted crystals to make eight fluidounces. Mix thoroughly until clear, and filter if necessary.

Metric formula: hot water, ten cubic centimetres; enough melted crystals to make two hundred cubic centimetres.

Five Per Cent. Carbolic Acid in Solution (1 in 20).

Cold sterile water, one gallon; ninety-five per cent. carbolic acid, seven fluidounces.

Shake thoroughly and frequently until all globules are dissolved.

Metric formula: cold sterile water, four litres; carbolic acid, ninety-five per cent., two hundred and ten cubic centimetres.

To make two and one-half per cent. take one part five per cent and one part water.

To make two per cent. take two parts five per cent. and three parts water.

To make one per cent. take one part five per cent. and four parts water.

Four Per Cent. Carbolic Acid Solution.

Cold sterile water, one gallon; ninety-five per cent. carbolic acid, five fluidounces.

This solution is often erroneously called and used as a five per cent. solution. For all practical purposes it is, however, preferable to five per cent.

To make two per cent. take one part four per cent. and one part water.

To make one per cent. take one part four per cent. and three parts water.

Boric Acid (boracic acid).—A saturated solution (sat. sol. or s. s.) contains about four per cent. boric acid. It is best made by putting an excess of the crystals on a filter and pouring the quantity of boiling or very hot water over them slowly until dissolved. Boric acid crystals are very light, the measured quantity being far short of the required quantity by weight. Hot water dissolves more than cold, the excess being precipitated as crystals when the solution cools.

Stock Salt Solution is kept for the purpose of making normal salt solution quickly and accurately.

Sodium chloride, one and a half ounces (by weight); water, eight fluidounces.

Boil in a closed vessel fifteen minutes. When cold make up with sterile water to eight fluidounces. Strain through sterile cotton into a sterile bottle and keep tightly corked.

Metric formula: salt, sixty grammes; water, two hundred cubic centimetres.

Normal Salt Solution should contain ninety grains salt in one quart.

Metric formula: six grammes to one litre.

Take one fluidounce of stock salt solution to make one quart normal salt solution.

Take twenty cubic centimetres metric stock solution to make one litre normal salt solution.

The stock solution should be added to the necessary amount of sterile water of the required temperature and mixed well.

Formaldehyde is a gas. Commercially it comes to us in solution, formalin, containing about forty per cent. of the gas. It also comes as a solid, known as parafom or paraformaldehyde, used only for fumigation with a specially designed lamp.

One Per Cent. Formaldehyde Solution (1 in 100).

Formalin, six and a half fluidrachms; cold sterile water to one quart.

Metric formula: formalin, twenty-five cubic centimetres; cold sterile water to one litre.

One Per Cent. Formalin Solution.

Formalin, two and a half fluidrachms; cold sterile water to one quart.

Metric formula: formalin, ten cubic centimetres; cold sterile water to one litre.

1 in 1000 Formaldehyde Solution.

Formalin, thirty-eight minimis; cold sterile water to one quart.

Metric formula: formalin, 2.5 cubic centimetres; cold sterile water to one litre.

1 in 1000 Formalin Solution.

Formalin, fifteen minimis; cold sterile water to one quart.

Metric formula: formalin, one cubic centimetre; cold sterile water to one litre.

These solutions must always be prepared with cold water, because the gas is given off when heated.

Crenosol.—A thick, dark-brown preparation from coal-tar; turns bluish-white on the addition of water. It can be used full strength, but must be applied after the preliminary scrubbing with soap and water and when the skin is perfectly dry. Rub in well; leave on for one and one-half to two minutes; then wash off with cold sterile water. There is danger of burning if left on too long or if not thoroughly washed off. For hand solutions, douches, etc., one per cent. and two per cent. solutions (1 in 100 and 1 in 50) are used.

Two Per Cent. Crenosol Solution.

Crenosol, five fluidrachms; sterile water to one quart.

Metric formula: crenosol, twenty cubic centimetres; sterile water to one litre.

Lysol.—A reddish-brown preparation from coal-tar, used for douches and hand solutions in strengths of one per cent. and two per cent.

Two Per Cent. Lysol Solution.

Lysol, five fluidrachms; sterile water to one quart.

Metric formula: lysol, twenty cubic centimetres; sterile water to one litre.

Creolin (kreosol).—A dark-brown, oily product of coal-tar which makes a dirty, milky solution with water. It is used in strengths varying from one-half per cent. to two per cent.

One Per Cent. Creolin Solution.

Creolin, two and a half fluidrachms; sterile water to one quart.

Metric formula: creolin, ten cubic centimetres; sterile water to one litre.

It should be freshly made.

Potassium Permanganate is used in solution of royal blue or purple color. It should be freshly made. Fold in a piece of sterile

gauze a few crystals and suspend in sterile water of the desired quantity and temperature until the right color is obtained.

Iodine Solution is made by adding to sterile water of the required temperature sufficient tincture of iodine to make the color of sherry wine.

All solutions kept on hand constantly must be changed three times a week.

THE AMERICAN FEDERATION OF NURSES

THE federation was represented at the meeting of the Executive Council of Women at Indianapolis early in February by Miss Helena Barnard, of St. Joseph, Mo., a graduate of the Johns Hopkins Hospital School for Nurses. It is understood that the meetings were well attended and interesting, and that the work of nurses was ably presented by Miss Barnard, whose summary of the year's work in nursing follows:

"The two societies of which the American Federation of Nurses is composed present records for the past year of unusual growth and activity. The American Society of Superintendents of Training-Schools, the older of our organizations, accepted into membership during the past year twenty-three heads of schools or other nursing bodies, and has a large number of applicants awaiting admission. The society now numbers nearly two hundred members, all of whom are superintendents of hospitals or training-schools, thus representing a large institutional, educational, and philanthropic interest. The meeting of the society this year was held in Pittsburg, and was one of the most interesting and enthusiastic gatherings which the society has ever held. (For further details see report of this meeting in the November, 1903, *JOURNAL OF NURSING*.)

"The other society of the federation, The Nurses' Associated Alumnæ of the United States and its affiliated societies, controls a membership of about five thousand nurses. The secretary reports that there are now fifteen societies awaiting admission at the next meeting. This society held its annual meeting in Boston last June, a meeting which was largely attended. The chief object of this society is the welfare and advancement of the graduate nurse, the establishment of good relationships between herself and the public, and the securing of legislation throughout the country which provides through State registration a means of distinguishing the trained from the untrained nurse.

"Both of these societies have united during the past year in strong efforts in this direction, with the result that State associations of graduate

nurses have been formed in thirteen different States—New York, Massachusetts, Illinois, Michigan, New Jersey, North Carolina, Pennsylvania, Virginia, Indiana, Iowa, Maryland, Ohio, and the District of Columbia.

"The constitution of each of these societies states plainly that one of its first objects is the securing of legal enactments regulating professional nursing, in addition to the advancement of all interests which pertain to the betterment of the nursing profession. Legislation has been secured in the four following States—New York, New Jersey, Virginia, and North Carolina, the latter being the first to achieve this distinction. Bills have been prepared in Pennsylvania, Illinois, District of Columbia, Maryland, and other States to be presented during the coming sessions of the State Legislatures.

"The work of nurses, therefore, during the past year has been largely centred in this direction. The rapid growth all over the country of training-schools established frequently in connection with hospitals totally inadequate, by reason of size, service, and means, to furnish proper training and experience to their pupils, and more recently the growth of correspondence schools, have made clear that, for the safety of the community, a system of examinations and registration must be secured with as little delay as possible. The most important achievement, then, this year, or, indeed, of many years, is the securing of such legislation as will enable the nurse who has passed a stipulated examination and received a systematic training in definite subjects under approved conditions to place the title 'Registered Nurse' after her name. The public is thus at once enabled to discriminate between the qualified and the unqualified.

"In conformity with the ever-growing spirit of philanthropy which is contributing in every direction to the number of those working for social betterment, the work of nursing has also stretched itself out in various directions to meet the needs of the day. The visiting of trained nurses in the homes and quarters of the poor, known as district and visiting nursing, is done by a rapidly growing body whose usefulness to the community it is difficult to overestimate. We feel that in no other way can the health of the people in their homes be better preserved, nor can the prevention of disease in all classes be more surely secured, than by increased attention to the achievements and possibilities of the visiting nurse. As a result of private charities, societies for the furtherance of this work are established in between sixty to seventy cities and towns in the country. Such workers should be found in every town, and their numbers should be greatly increased. A notable recent development of their work has been the extension of the visiting nurse to public schools. Beginning in New York a little over a year ago, when one nurse was

supplied by the Nurses' Settlement to visit the public schools of that city for one month, the work has now grown until thirty-five nurses are employed in the public schools in an effort to watch over the health of the children, care for minor ailments which arise, and be vigilant in noting and reporting such symptoms as, if neglected, might prove the source of the epidemics which have been so commonly traced to schools. The work is of great importance and bids fair to extend in many directions. Lately a request has been made in Philadelphia for twenty nurses for the public schools of that city to work in the interest of the health of the children.

"Of more recent date has been the work of visiting nurses in connection with the world's warfare against consumption. Nurses are engaged in this special work either as individuals or in connection with Boards of Health, Associated Charities, or special appointed commissions for the prevention of tuberculosis. Their work is the very effective work of house-to-house visitation and instruction. They also work in connection with large city dispensaries, and are thus enabled to follow the patients suffering with tuberculosis to their own homes, to provide nourishing food, fresh air, suitable clothing, and to instruct the patient so that he may cease to be injurious, through his habits, to those about him, and to watch over and guard the family, as far as possible, from infection. Nurses in most of our large cities are now actively and enthusiastically engaged in this particular work, carrying comfort, help, and hope into hundreds of households where there are consumptive patients. No effort of the day is worthier of support than this, which carries the work of prevention straight to the sources from whence the evil flows. The work of district nursing—that is, the care of the sick poor in their homes—throughout the country is growing and opening out in an important and suggestive way, but this special effort we comment on as being one as urgently needed.

"The special work of importance in the education of the nurse has been forwarded in many ways through the Society of Superintendents of Training-Schools. The Department of Hospital Economics at Teachers College, Columbia University, New York, established through the efforts of the superintendents some years ago, has, in spite of lack of endowment, continued to grow, until this year the class is almost double that of any previous year.

"The purpose of the instruction given here is to prepare women who, having had excellent hospital training, wish to be further equipped for the work of teaching in various branches which awaits them in most hospital positions. The establishment in several hospitals of a preparatory course of instruction covering several months has been an important

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advance in the education of nurses. The custom for many years has been to bring in probationers and place them at once in the hospital wards among sick patients. This system, of equal disadvantage to patient and student, has already existed far too long in training-schools, and some scheme of preparatory training is destined, sooner or later, to become universal in all well-equipped schools. Such a system is being carried out now at the Johns Hopkins Hospital School for Nurses, Baltimore, at New York schools, in Chicago, Detroit, Buffalo, and Toronto. Its great value cannot be questioned. It is of interest to note here that its establishment in hospitals has been the means of developing a preparatory course for nurses at the Drexel Institute, Philadelphia, at the Pratt Institute, Brooklyn, and Simmons College, Boston.

“The continued success of *THE AMERICAN JOURNAL OF NURSING* is one of the achievements of which nurses are most justly proud. It is owned by a stock company of nurses and edited and managed by nurses. Its subscription list is increasing slowly and steadily, and the publishers feel that it is a substantial piece of work upon which nurses should be congratulated.

“Within the last year some appreciation of the work of army nurses has been made evident by the request from the Surgeon-General of the Navy that trained nurses should be supplied to the navy on the same basis as the army nursing corps.

“The members of the American Federation wish to place very strongly before the societies with which they are affiliated in the National Council the duty of that body in all its roots, branches, and leaves to support everywhere the nurse in her effort to secure legislation. The federation cannot dwell too strongly upon the great injuries to the public and to good nurses by the tender sentimentalism and foolish pride and ignorance which allows even good men and women sometimes to lend themselves to schemes which from every standpoint of right and justice are most unworthy.

“Measures which would tend to place in our midst the product of the correspondence schools for nurses and of the school attached to some small special hospital or private sanitarium where the opportunities and training are utterly inadequate, and to permit those who have been rejected for cause by various institutions of good standing to assume a uniform and work unhindered in any part of the country, are receiving in the legislation which is now taking place a check which must inevitably prevent further growth in those directions. In some States our bills are being entitled ‘An Act to Amend the Public Health,’ and as such we think they must undoubtedly be considered.”

BOOK REVIEWS

IN CHARGE OF
M. E. CAMERON



OBSTETRICS FOR NURSES. By Joseph B. DeLee, M.D., professor of obstetrics in the Northwestern University Medical School, Chicago; obstetrician to Mercy, Wesley, Provident, Cook County, and Chicago Lying-in Hospitals; lecturer in the Nurses' Training-Schools of same. 12mo of 460 pages. Saunders & Co., publishers, New York, Philadelphia, and London.

That locally the nursing profession owes a great deal to Dr. DeLee's efforts to raise the standard in teaching and practice the Chicago nurses have long since recognized, and their satisfaction in welcoming the appearance of his book will be shared by every training-school and every graduate nurse who knows the value of a curriculum approaching in some degree to uniformity.

Until lately this particular branch of nursing has not seemed to keep pace with that of surgery, fever nursing, etc., and although the past year has seen some good books brought out, none has been more thorough in detail or more sympathetic in its teaching than this one. A text-book on this subject must necessarily include many illustrations which may be offensive to the eye of the fastidious, but we recommend any ultra-sensitive student to take to herself some of that reverence for the subject which the author observes throughout every page of his book. In the preface Dr. DeLee states that "there are really two subjects considered in the book—obstetrics for nurses and the actual obstetrical nursing." He has, however, presented the first subject so clearly, from the nurse's point of view, that it has nothing of that abstract quality which makes for the temptation to skip and get along to the nursing, which is often noticeable in books for nurses. The subject is divided into three parts, which division the nurse is advised to bear in mind—the first, anatomy and physiology of the reproductive cycle; second, management of pregnancy, labor, and the puerperium; third, pathology of pregnancy, labor, and the puerperium. These heads are again divided into chapters. The approximate and relative proportions are seldom given in figures, or fractions of figures, which are bewildering to nine out of ten student nurses and distract attention from more details; facts are stated by comparisons—the ovary "like an almond," the Fallopian tubes of "the size of a crowquill," etc.; the strictly professional tone, the long words, and the unfamiliar names from the dead languages are largely and acceptably absent, the mysterious phenomena being presented in homely and familiar terms which are certain to settle firmly in the most treacherous or unreliable memory. Chapter II. of Part I. is particularly happy in possessing this quality. It really turns into the most captivating, delicate little nature story. "The Function of Reproduction" is the title of this chapter, but one hardly recognizes in it what was under past teaching such a strange, illusive, contradictory lesson, where the puzzling mystification of the subject was usually completed by a diagram in colored inks—artery blue and vein red.

When it comes to the infants' layette, nursery conveniences, etc., the author gives place to higher authority, thereby greatly enhancing our respect for his

wisdom. Miss Katherine DeWitt, of the Illinois Training-School, Chicago, supplies Chapter VI. of Part I., and in the Appendix Mrs. E. E. Koch, of the same school, gives a valuable paper on "Dietary." Not the least interesting part of the book is the Appendix, comprising instructions for visiting nurses in obstetrical practice; comparison of home and hospital nursing; some important points in nursing ethics; methods of sterilization, preparing of instruments, dressings, solutions, etc., with a word of warning relative to specific infections and also a paper on dietary, some valuable receipts, and a word on feeding by rectum, nasal feeding, and feeding through the skin.

The brief instructions to the visiting obstetrical nurse are interesting by comparison with those contained in Mrs. Dacre-Craven's "Guide to District Nurses," published in 1890, where in obstetrical nursing her qualifications were required to be that "she be skilful in (a) care of newborn infant and mother; (b) passing speculum; (c) leeches internally; (d) plugging."

Dr. DeLee calls upon nurses to do their part in bringing this branch of nursing into line with the more popular specialties. She may, he says, "become a missionary, spreading the gospel of good obstetrics. By the power of good example and by precept she will instil in the public mind a knowledge of the importance of obstetrics and will engender a respect for the art which will soon result in a demand for higher standards of practice, and this demand will draw to the specialty the best medical and nursing talent the community possesses. Thus her efforts will redound to the benefit of the medical profession, of which she is a part, and lastly and mostly of the community—the people. Only in this way can we hope to see the frightful mortality tables shrink, and our hospitals emptied of women seeking relief from the injuries and diseases caused by pregnancy and labor." He begs that more nurses would make this their specialty, and although he sees the reasons for its unpopularity, he sees also ways for making it more attractive and less wearing on the nurse. He mentions the increasing demand for hourly nurses, which seems to be developing as slowly and quietly and yet as surely in the West as in the East. The increasing paraphernalia of the nurse is particularly interesting to nurses who, like your reviewer, graduated some years back. Then, a nurse had a thermometer and a hypodermic syringe, often the parting gift of her house doctor as he and she took their separate ways out into the world; to these she added a graduated medicine glass, and then her outfit was complete. Now the well-equipped nurse carries her sterilizer, her Kelly-pad, as well as a long list of less cumbersome articles.

One word as to the Glossary and we are finished. Twenty-five pages of condensed information, its usefulness is not limited to its connection with the book. Nurses will find in it a tremendous resource and a most convenient reference.



THE EXTRACTION OF FOREIGN BODIES FROM THE EAR.—The *Medical Press* says: "Use a soft rubber tube about the length of a cigarette and of the proper size to be introduced into the ear. The end of the tube is dipped in paraffin and pushed into the canal until it comes in contact with the foreign body, whereupon the operator, applying his mouth to the free end, aspirates forcibly, at the same time throwing back his head. Except in cases of angular bodies of irregular contour this method is usually attended by success, the body coming away with the tube."

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF
ELIZABETH ROBINSON SCOVIL



BALSAM OF PERU IN COMPOUND FRACTURES.—The *New York and Philadelphia Medical Journal* says: "In *Presse médicale* for December 30 Dumont states that Van Stockum, of Rotterdam, treats compound fractures without any attempt at conventional asepsis, removing simply any foreign bodies from the surface of the wound, and then covering the latter thickly with balsam of Peru, getting it well into the irregularities of surface. If the wound is small, it is filled by means of a syringe. The fracture is then treated as a simple one. A dressing is made of gauze saturated in balsam and absorbent cotton, and the limb is put in plaster or an extension apparatus. There is always fever for three days, which subsequently disappears. At the end of three weeks the bandages are removed to find either a cicatrized wound or one granulating healthily with no sign of inflammation. No amount of pressure will bring pus. The mortified tissues are mummified, and the fracture has united or is doing well. Van Stockum calls his results 'marvellous.' It is not impossible that the balsam, containing cinnamic acid, causes a protective leucocytosis, for the occurrence of fever certainly shows a preliminary sepsis. This 'embalming of compound fractures' merits investigation by our native surgeons."

POTATOES IN DIABETES.—Sir J. Swayer says in the *British Medical Journal* that giving potatoes to diabetic patients is one of the greatest dietetic advances of our times. While they are permissible cooked in the ordinary ways, they are best prepared by straining with the skin on. He proposes that flour made from properly cooked potatoes should be used instead of flour made from grain for the bread of diabetics.

CATGUT STERILIZATION.—The *New York and Philadelphia Medical Journal* in a synopsis of an article from the *Centralblatt für Chirurgie* says: "Sal-
kindsohn describes a modification of Block's method which has the advantage that the catgut does not become brittle after being preserved for some time. He places the commercial catgut upon glass rolls in a solution of one part of tincture of iodine and fifteen parts of spiritus vini (50%). It is kept in this solution for one week in a dark place. It is then sterile, it does not roll or stretch, does not tear or break, and is not brittle, yet it can easily be knotted. It is not absorbed too quickly in the wound, nor does it irritate the latter. It keeps in perfect condition for at least one year."

ALCOHOL DRESSINGS.—The *Medical Record*, quoting from a German contemporary, says: "Wohl recommends alcohol most highly as a wet dressing for local inflammatory processes. It is analgesic, stimulates vigorous reaction on the part of the tissues, and is powerfully antiseptic. According to the nature of the case, the strength used varies from seventy to ninety-five per cent., but it is better to begin at or near the upper limit, while below seventy per cent.

the beneficial effects are greatly decreased. The dressing is applied by soaking gauze in the fluid and applying it to the part and well over into the adjoining healthy region, and then covering with some water-proof material. It should be changed in from twelve to twenty-four hours."

APPETITE-JUICE AND THE ETHICS OF EATING.—J. G. Adami in the *Montreal Medical Journal* reviews Pawlow's experiments on dogs, by which it has been proved that there are two tides of secretion of the gastric juice: the psychic tide, set up by the sight of food, by the taste of the same, and by hunger, the juice of this tide (the appetite-juice) being relatively abundant, flowing for a considerable period, and having strong digestive powers, and the chemical tide, which is set up at a later period by the direct effect of the foodstuffs upon the gastric mucous membrane. The former is brought into activity by the higher centres; taking everything into consideration, it is the more important. Food eaten without relish and without appetite, although in itself most nutritious, may lie for hours within the stomach undigested. So, again, food eaten while the mind is diverted to other things may stay for long unacted upon, or is liable to undergo decomposition, and, irritating the mucous membrane, may lower its condition. If, therefore, dyspepsia is to be warded off, the food should be taken under such conditions that everything is directed, on the one hand, to remove the thoughts from the cares of daily life, and, on the other, to make the repast appetizing, so that the palate may be tickled and the flow of appetite-juice excited.

REMARKS UPON TEMPERATURE.—The *Medical Record* has a synopsis of an interesting article in the *British Medical Journal* as follows: "M. S. Pembrey considers first the temperature of the newly born. The conclusion drawn from numerous observations made at different times of the year and upon infants of different ages is that the power of regulating temperature is incompletely developed in the newly born. The regulation of the loss of heat is imperfect. This is markedly shown if the infant is insufficiently clothed when it is exposed to even moderate cold. The regulation of the production of heat by variations in combustion is also incomplete, and only within narrow limits can the newly born respond to changes of external temperature in a similar manner to the response of the adult. Many premature infants have been reared by proper attention to the temperature of their surroundings. Even moderate cold is not a stimulant but a depressant to premature infants, for they can regulate neither the loss nor the production of heat. The internal temperature of a healthy man shows a range from 96.8° F. to 100° F.; these are average figures for the temperature of the rectum or urine, and do not include the absolute physiological range. Muscular exercise causes a marked rise in the temperature of the rectum and urine of healthy men. There is no evidence to show that the rise in the internal temperature is injurious; it seems that it may be beneficial. Undoubtedly heat-stroke and heat-exhaustion are due to a disturbance of the nervous control of temperature, brought about in most cases by muscular exercise in unsuitable clothes and in hot surroundings laden with moisture. In the healthy man the nervous control of temperature is so well developed that his internal temperature is practically the same whether he be living in the Arctic regions or in the tropics. A man can compensate for large differences in external temperature even apart from alterations in clothing. The two natural

methods of increasing combustion are cold and exercise. Alcohol acts upon the vasomotor system and also upon the nervous control of the production of heat. The lowest temperatures recorded in men, who have recovered, appear in drunkards who have been exposed to cold. Anesthetics rapidly paralyze the nervous regulation of temperature. Under pathological conditions the temperature of man shows a range of about 39° F., from 75.2° F. to 114.8° F. Higher and lower temperatures have been observed in moribund patients. These temperatures, however, are well authenticated, and have been observed in cases in which recovery took place"

CARE OF THE INSANE.—The *Medical Record*, quoting from an English journal, says: "The most notable feature of the *Hospital* article is its advocacy of the employment of female nurses in the care of the insane. In some districts of Great Britain this system has been followed with much success. According to the *Hospital*, the admission is made by those who have had the longest experience, both in this country and abroad, that female nursing is preferable for sick and infirm men, and it is also believed by many that the presence of women in asylum wards obviates proportionately to their number and influence those regrettable personal conflicts which tend to occur from time to time when insane men are wholly attended by individuals of their own sex. There are, undoubtedly, many cases of insanity in which women are better fitted as attendants than men. On the other hand, a large class of insane persons require male nurses, as female attendants would not, by reason of their inferior strength, be able to restrain them when violent. Perhaps the best plan would be to have in every asylum a certain number of female nurses who could take charge of those patients deemed suitable for such care by the physicians."

THE TEETH AS A FACTOR IN DIGESTIVE DISEASES AND DISORDERS.—J. A. Stork says in the New Orleans *Medical and Surgical Journal* that during dentition disturbances of the stomach and bowels increase in frequency. Cases of indigestion due to the neglect of the temporary teeth are frequent. If deformities of the vault, palate, and teeth are corrected in early infancy, much discomfort may be avoided and the patient saved from becoming a chronic dyspeptic. Bacteria multiply in a dirty mouth and tend to cause a loss of appetite. Digestive disturbances often disappear after proper care of the teeth.

PREMATURE BURIAL.—Many persons have a morbid horror of being buried alive. The Boston *Medical and Surgical Journal*, commenting upon a bill to prevent premature burial which it is proposed to present to the Legislature of Massachusetts, says: "It is an occurrence which is less likely to happen than being struck by lightning. In several cities of southern Germany establishments have existed for many years (since 1821 in Munich and for more than a century in Weimar) where the bodies of deceased persons are exposed for at least two days. The writer visited two of the cemeteries in Munich a few years since where these reception houses exist, one near the centre of the city, another outside the city across the river Isar, and learned that out of the many hundreds of thousands of corpses that have been brought to them during these many years, not one has ever shown signs of life."

HOSPITAL AND TRAINING-SCHOOL ITEMS

HOSPITALS

MR. JOHN D. ROCKEFELLER has given a sum of five hundred thousand dollars (\$500,000) to the Johns Hopkins Hospital. After a careful investigation of the hospital finances the money has been given without restriction, as is shown in the following letter, written by his son to Dr. William Osler:

" 29 BROADWAY, NEW YORK, April 4, 1904.

" DEAR DOCTOR OSLER: As a result of your letter to Mr. Gates, written several months since, and a letter at the same time from Dr. Welch to me, both setting forth the losses sustained by the endowment fund of Johns Hopkins Hospital on account of the recent fire in Baltimore, Mr. Murphy has, as you know, made a careful study of the situation, and from his report I learn that the losses, as nearly as can be estimated at present, are about four hundred and ninety-nine thousand one hundred and thirty-seven dollars.

" In view of the high character of work which the hospital and medical school are doing in medical instruction and research, including the training of nurses, which work he understands will otherwise be materially curtailed because of the losses, my father will give five hundred thousand dollars (\$500,000) to Johns Hopkins Hospital. This he will pay in securities or cash, as the trustees may elect.

" JOHN D. ROCKEFELLER, JR.

" DR. WILLIAM OSLER, Baltimore, Md."

IT is stated that the Austrian-Hungarian Floating Sanitarium Company, of London and Vienna, is meeting with considerable financial encouragement owing to the prominence of its chief director, Dr. Semon, physician to King Edward. The company intends to build big hospital steamers to travel about the Austrian, Italian, and French coasts—anywhere where it is warm and sunny. The accommodations will be principally reserved for people with lung trouble, and elaborate plans for their relief and cure are being worked out by eminent physicians here and in England. The company expects to start with a capital of five million dollars. It has procured favorable opinions from many medical authorities. M. Murai is the chief promotor.

PARK COMMISSIONER SCHMITT, of New York City, has given much thought since he took office to a plan for providing a series of temporary emergency hospitals in the Bronx. Hundreds of persons are injured every year in baseball, football, or golf games, and the list of skating, horseback-riding, and automobile accidents is not small. It is reported that a plan has been formed to establish tent cottages in Van Cortland, Bronx, Pelham, and other parks in the upper portion of the city. They will be designated by Red Cross flags. A doctor from one of the hospitals will be detailed to each tent.

THE new hospital buildings which are being erected and equipped by Mr. O. C. Barber, president of the Board of Trustees of the City Hospital of Akron, O., will be ready for occupancy about May 15. This hospital was opened in October, 1892, with twenty beds. The new buildings have a capacity of

seventy beds, and will cost a hundred and seventy-five thousand dollars. The present hospital building will be converted into a nurses' home.

NURSES having taken the post-graduate course offered by the Boston Floating Hospital for Infants will regret that a new boat is not forthcoming for the work of next summer. Those unacquainted with the unique features of this course of ten weeks may be interested in the announcement in this issue, also in the article by Dr. Robert W. Hastings which appeared in the April (1903) number of the *JOURNAL*.

THE Dorcas Club of Webster, Mass., composed of nine young girls, daughters of prominent men of Webster, has started a move for a public hospital by officially presenting to the town, in trust, twenty-five dollars as a nucleus.

HENDERSON & Co. have been awarded the contract for the erection of a convalescents' pavilion at the State Hospital for the Insane at Harrisburg, Pa., to cost seventy-five thousand four hundred and sixty-seven dollars.

THE Frankford Hospital of Philadelphia, Pa., is to have a home built for the nurses. Extensive alterations will also be made to the present hospital building.

THE Presbyterian Hospital of Atlanta, Ga., is contemplating quarters for the nurses outside the hospital.

SOME WAYS IN WHICH HOSPITALS ARE BEING AIDED

DANIEL B. WESSON, the millionaire revolver manufacturer, has given one hundred thousand dollars to the Hampden Homeopathic Hospital, Springfield, Mass. A tablet will be placed in the hospital stating that it was erected in memory of his wife, which is the only condition attached.

THE managers of the Imperial Bank of Brandon, Manitoba, have undertaken to furnish one of the wards in the new addition of the Brandon Hospital.

TRAINING-SCHOOL NOTES

THE graduating exercises of the Class of 1904 of the Royal Victoria Hospital, Montreal, were held on March 21 in the hospital. The class consisted of twelve members, and the diplomas and badges were presented to each by her Excellency, the Countess of Minto. The address to the graduates was given by Dr. Buller, and contained some good advice for those who purpose following out their profession along the line of private nursing. Dr. Peterson, principal of McGill University, in thanking her Excellency for her kindness in consenting to be present on this occasion, spoke of the benefits derived from modern hospitals and modern nursing. Her Excellency replied in her usual happy manner, and ardently wished each member of the class every success as they entered upon their new field of labor. The work her Excellency has accomplished in connection with cottage hospitals during her stay in Canada will always speak of her interest in the work of hospitals and trained nurses. A very generous response was made to the invitations sent out, and many friends, not only of the graduating class but of the hospital, were present, and also availed themselves of the invitation given to the reception held at the close of the graduating exercises, where a pleasant social hour was passed. We feel very much gratified

to know that for the future the nurses will have maternity nursing added to their training, as arrangements have been made for a course of instruction at the Montreal Maternity Hospital, and some of the next graduating class have already completed their term of three months in this department. The names of the graduates are: Annie McNicholl, Margaret Purdy, Frances Day, Evelyn LeMay, Lena Campbell, Katharine Davidson, Lillian Hart, Jean Hervey, May Metcalfe, Annie Crocker, Frances Macmillan, Bessie Fairservice.

THE graduating exercises of the Training-School of the New York Infirmary for Women and Children were held Friday, March 25, at four P.M., in the amphitheatre of the college building. The main feature of the afternoon's programme was a talk on "Radium" by Dr. Robert Abbe, who held the whole attention of his audience by his presentation of the interesting subject. At the conclusion of the address the graduates were presented with their diplomas by the president of the Board of Trustees, Mr. Philip Bartlett, and the school-pins by Miss Brice, chairman of the Training-School Committee. An informal reception was held after the exercises which was largely attended by the friends of the nurses and older graduates of the school. The graduating class consists of the following nurses: Miss M. S. Graham, Miss A. L. Cooper, Miss J. M. Perkins, Miss K. de Freirz, Miss K. MacDonald, Miss C. Einersen.

THE Kingston General Hospital, Canada, has just completed a very attractive building for the nurses, which was dedicated April 6. *The Nurses' Alumnae Association* contributed two thousand dollars towards the fund for this building. Graduating exercises were held at the time of the dedication, the following young ladies receiving diplomas: Miss Carrie Edmison, Peterborough; Miss Florence Bouck, Morrisburg; Miss Jennie Birmingham, Gananoque; Miss Etta Montgomery, Peterborough; Miss Lizabell Howell, Millbrook; Miss Minnie Pixley, Kingston; Miss Grace Nourse, Sherbrooke, Que.; Miss Edythe Davidson, Rochester, N. Y.; Miss Bertha Houston, Belleville; Miss Belle Morrison, Toronto; Miss Birdie Smith, Hamilton; Miss Beatrice Armstrong, Trenton. Of these Miss Armstrong, Miss Smith, and Miss Morrison were unable to be present in person.

THE Colorado Training-School for Nurses in connection with the City and County Hospital of Denver awarded diplomas to seventeen nurses at its seventeenth annual commencement on Thursday evening, February 25, 1904. Dr. Root presided. The exercises were held in the new surgical ward, which was tastefully decorated with palms, flowers, and the national colors. Addresses were made by Dr. Stemen, Dr. J. N. Hall, and Dr. Van Zant. The diplomas were presented by Mayor Wright, and a reception and dance followed.

ON Friday evening, April 15, Miss Flaws, Miss Montgomery, and the nurses of the Kingston Hospital were "at home" in the new "Nurses' Residence" to the members of the medical and surgical staff and their wives and other friends. A most enjoyable evening was spent "Finding Kate." The invitations were sent out to meet "Our Kate." The booby prize was a little colored doll presented to one of the doctors, who had not succeeded in finding Kate any other way.

MISS CHARLOTTE M. PERRY, graduate of the Massachusetts General Hospital, Class of 1892, has resigned her position as superintendent of the Clinton (Mass.) Hospital. She was succeeded on April 1 by Miss Martha P. Parker, Massachusetts General Hospital, Class of 1890, who was formerly superintendent of the Salem (Mass.) Hospital. Miss Perry has been appointed superintendent of the Faxton Hospital, Utica, N. Y.

MRS. MARGARET S. WIBUR, a graduate of the Bishop Training-School for Nurses, has been appointed assistant matron at the House of Mercy, Pittsfield, Mass. Miss E. C. Andrews, who has been doing charity nursing in South Manchester, Conn., for the past eight years, has been appointed general office assistant.

THE Indianapolis Training-School held graduating exercises, when diplomas were awarded to the following: Misses Dora Tatum, Jemima Hull, Maude Bosley, Nellie Schwartz, Lora Gault, Lillian Smith, Edith Jackson, Margaret F. Perrill, Josephine Gerin, and Mrs. Davenport.

THE preparatory course of the Toronto General Hospital is thus far exceedingly promising. Nine students expect to graduate in June and others are entering for the second term, which commences April 11 and ends in December.

MISS STRATTON, formerly head nurse of the gynaecological building of the Kingston Hospital, has resigned to take charge of the nursing department in connection with the Deaf and Dumb Institute, Belleville, Ontario.

MISS CHARLOTTE M. PERRY, matron of the Clinton Hospital, Clinton, Mass., has resigned, and is succeeded by Miss Martha P. Parker, for many years matron of the Salem Hospital.

PERSONAL

A LUNCHEON was given at the St. George Hotel on Thursday, April 7, by the graduates of the Long Island College Hospital Training-School for Nurses in honor of Miss Sutliffe, who has resigned the position of superintendent, very much to the regret of all who have come under her loving and helpful influence. After the luncheon was over Miss Sargent read a paper giving a history of the Training-School and of the origin of the hospital itself. The Training-School was organized in May, 1883, with Miss Irene Sutliffe as superintendent, who, after two years, was called to take charge of the New York Hospital, when her sister, Miss Ida L. Sutliffe, took her place, and has occupied the position ever since, a period of eighteen years. "During that time," quoting from this report, "many classes have come and gone, over three hundred nurses have been trained, graduated, and sent forth into the field of action to live their lives and do their work. In 1895 the Alumnae Association was organized and now has more than a hundred active members, with a registry and Alumnae Home, opened May 1, 1903, of which we are all justly proud. . . . We feel that Miss Sutliffe's resignation marks the closing of the first great chapter. We cannot think of the hospital apart from her who has been the guiding influence of our lives and work within its walls." Miss Davids, the president of the Alumnae Association, then presented Miss Sutliffe with a purse of gold concealed in a golden egg. Whereupon Miss Sutliffe, though completely taken by surprise, with a few heartfelt and loving words of thanks spoke of how much she would always think of her nurses in her new home, where they would be ever welcome, and in which there would be many reminders of the Long Island nurses.

On March 1, 1904, Mrs. Isabella B. Close entered upon the duties as head nurse at the Woman's Hospital, Philadelphia. Mrs. Close graduated from this

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hospital in 1898 and took the post-graduate course the following year. Very soon after this she accepted the position as head nurse of the maternity ward in the University of Pennsylvania Hospital, spending three years there in the maternity and surgical wards. The past year she has been travelling abroad for rest and recreation.

MISS CORA V. NIFER, of Indianapolis, has been appointed superintendent of the L. L. Culver Union Hospital, at Crawfordsville, Ind., to succeed Miss Edna Humphrey, who resigned on account of ill-health. Miss Humphrey will visit Washington, D. C., New York City, and Seattle, Wash., at which place she will remain indefinitely.

MISS AGNES DEANS, Class of 1895, Farrand Training-School, Harper Hospital, Detroit, has resigned her position of head nurse at the Children's Free Hospital, Detroit, and is succeeded by Miss Kate Douglas, also a graduate of Farrand Training-School, Class of 1903.

MISS HARRIET J. ALLYN, of the Massachusetts General Hospital, has resigned her position as visiting nurse of the Greenpoint Settlement of Brooklyn, N. Y., and accepted that of matron and supervising nurse of the St. Albans Hospital, St. Albans, Vt.

MRS. H. W. RANDALL, Class of 1896, Farrand Training-School, Harper Hospital, Detroit, has resigned as principal of the Homeopathic Hospital, Cleveland, O., and accepted the position of superintendent of the Emergency Hospital, Cleveland.

MISS MAY MONTGOMERY, Class of 1902 of Kingston Hospital, Ont., and night superintendent of Delaware Hospital, Wilmington, Del., has been appointed assistant superintendent at the Kingston Hospital.

CAN any of our readers tell the whereabouts of Mrs. Anne Rose, a Russian woman, trained in a New York hospital about fourteen years ago? For six years her mother in Russia has not heard from her.

MISS JANE MCKENZIE has accepted the position of head nurse in the Galt Hospital, Galt, Ont. Miss McKenzie is a graduate of Farrand Training-School, Harper Hospital, Detroit.

MISS ANNIE L. GOODMAN, a graduate of Farrand Training-School, Harper Hospital, Detroit, was appointed supervising nurse in the Presbyterian Hospital, Chicago, Ill.

MISS E. GRACE MCLEAY (Massachusetts General Hospital) has gone abroad and will join Miss Halton for a visit to Paris. They will return together later in the year.

MISS M. I. MONTGOMERY spent a few days in Toronto in April, and was a delegate at a mass meeting of the nurses called to organize a provincial society.

MISS EDITH CARSON, Johns Hopkins, 1902, has resigned her hospital position in New York City and returned to Baltimore to do private nursing.

MISS ELLEN LA MOTTE, Johns Hopkins, 1902, has gone to Italy to begin private nursing, and is already at work.

THE GUILD OF ST. BARNABAS

IN CHARGE OF
S. M. DURAND
Public Library, Boston



BOSTON.—The Boston Branch of the St. Barnabas Guild met at the Parish House of Trinity Church on April 6. The business meeting was called to order at eight o'clock and much important business was transacted. The mite boxes, which had been given to every member of the guild in the hope that they, during Lent, would be able to give to the cause of the missionary nurse, which Bishop Whitehead so strongly advocated, were nearly all returned. The result was most encouraging, as the amount was larger than had been even hoped for—viz., seventy dollars and eighty-six cents. A proposal was read from the bishop in regard to the disposal of this fund which has been thus raised. He suggests that it be given in support of the missionary nurse to the Philippines who works under Bishop Brent and who is one of our own nurses. The cost of her support is six hundred dollars a year, and it is hoped that the whole amount may be raised. The Boston Branch has contributed more than the amount asked from them. A letter was read from Miss Abbey Loring asking for volunteer nurses to be on duty in case of sudden illness or accident during the meeting of the Woman's Auxiliary at the time of the General Convention in October. This appeal was promptly responded to on the part of the nurses present. A fund for a memorial of Mrs. Sprague, one of the oldest and most active of our members, has been raised and a discussion as to the form it should take resulted in the choice of a ciborium to be used in St. Stephen's Church. The motion was passed to entertain the General Council of the St. Barnabas Guild on October 3 and 4. This would bring it at the time of the General Convention, and the Boston Branch feels anxious to repay the hospitality which has been extended to it in years past. Miss S. B. Howe's resignation was handed in and accepted with much regret. At the service held after the business meeting Mrs. Whiteside and Miss Elizabeth Andrew were admitted as associate members of the guild, and Miss Cromley and Miss Peters were admitted as members. Mr. Bishop chose as the text for his address, "Peace be unto you." He said that this was the promise of Christ to His disciples, and that this doctrine might be preached to all the world in this spirit of peace. The greatest power lies in calm, and we must resist the temptation to feel that force lies only in unrest and action; it is, on the contrary, in calm that power can most clearly be shown, as is seen in the calm of Christ's own life. We should be inspired by it, and thus, by the process of endeavor, rise to a purer and nobler life symbolized by the Resurrection. In peace and trust and in communion with Christ should we lead our lives. The social hour after the service was, as usual, most enjoyable. Miss Constance Amory gave a great deal of pleasure by her charming playing and singing. The meeting was quite a large one, and it broke up about ten o'clock.

IT has already been recorded in the notes from the Boston Branch that an invitation was extended for a delegation to visit Providence, and we

were assured that those who could accept that invitation would find a hearty welcome. The meeting was held in St. Stephen's Chapel and afterwards the Bostonians had a pleasant drive and a delightful tea at the house of the hospitable local secretary. Such an outing does much to keep alive the feeling we should all cherish for members of the guild, and we wish our branches were located more conveniently for visiting. Not that we doubt the existence of friendly feeling,—no one who has been entertained during the councils could do that,—but an opportunity for such general hospitality comes but rarely, and that is one great reason why the councils are of such value. Two things appear especially to excite that "fellow feeling" which "makes us wondrous kind." One is companionship in hard things, while exactly the same is true of having been together on joyful occasions. During a great season of rejoicing, such as a national triumph, how cheerful and jolly the crowd appears! A common impulse moves the hearts of all, and they recognize that the bond of this victory holds them together. The same is equally true of a great sorrow. During the illness of those of our Presidents who have been assassinated, we all remember that strangers fraternized in uttering their sympathy and woe. Theologians have discussed the knotty question as to whether sorrow or joy affect the heart and soul more deeply. With this side of the matter we have little to do, but nurses have often seen the almost magical effects of the extremes of human joy or woe on the characters of others. How many hard and seemingly unlovely traits disappear in the furnace of affliction! how pettiness shrivels up and blows away when the mighty wind of adversity blows! Then, too, we meet many persons who seem made to flit like butterflies through the sunshine of life. We say that such airy creatures are of no real good in the world, that they are only pretty and agreeable! Isn't it, after all, a good deal to be both pretty and agreeable, to make one's face an index of the heart? Amiability is sometimes spoken of as akin to weakness, but when it is translated by loveliness it seems well worth while. The sterling, solid qualities are nearly always prized, while tact, grace, and charm are relegated to a lower place in our esteem. Every-day experience proves that it is more common and more easy to be heroic on few and great occasions than it is to be kind and loving as a matter of daily living, while it is certainly true that nothing shows a true self-discipline more than control of our minor words and actions. How often we are disappointed in reading the lives of great men and women to find how petty they were in many things; the hero may not have been a good husband nor a fond father, and it disappoints us in our hero-worship that our idol should have feet of clay. Many an ambitious and truly noble-souled nurse has been humiliated by realizing that those of her profession who had not so many ideals as herself seemed to succeed better in winning a patient's affections. If anything may be described as the day—aye, and often the night—of small things, nursing is so, and that is one reason why it is at once such a trial and such a help to those who undertake it. We often lament that people expect perfection of us, but what is perfection but exactness in detail? By this we do not mean a machine-like performance of routine duties, but attention to little things in order to attain the finished whole. It is a little thing to say a slighting word of those who work with us, but slander is a great thing. It is an equally little thing to smile when we wish to frown, or to be silent when we burn to make a sharp retort, but "He who ruleth his spirit is greater than he that taketh a city." This is a long way, you say, from visiting councils, yet not so long, after all, when we think how the trials of our work-a-

day life are lightened by meeting those who love and wish to help us. A season of greeting and welcoming our friends is a great refreshment, and in this we may all help at least thus far. We may show our interest and cordiality in little ways, and if many of us contribute our little mite in hospitality and friendliness we need not fear that anything will be lacking in the greatness of our welcome.

ORANGE, N. J.—A meeting was held in St. Mark's Church, West Orange, on Thursday, March 24. In the absence of the rector the address was made by the Rev. Mr. Lighthipe. A business meeting followed the service and there was a fair attendance of members, but owing to the prevailing sickness which has marked this winter the number was not nearly so large as usual. No new member was received, and, as it occurred during Passion Week, no reception was held, as in former years. The Work Committee reported that good progress has been made at the monthly meeting. The fresh-air work being once more before the community, members from the branch will be appointed to serve with the joint committees, names to be announced later.

NEWPORT, R. I.—Our service in February was held in St. George's Church, after which we adjourned to Miss Hunter's studio for tea. We were very much interested in the greenhouses, which are conducted by a girls' club, and each member received a plant or flowers to keep or to give to the sick. In March, after service, which was also held in St. George's Church, the guild was entertained at the home of Mrs. Peter King. The question of "United Benevolent Work" was discussed, and it was voted to take up a collection at the St. Barnabas Day service in June for the support of a nurse in missionary fields. Music and refreshments concluded a very pleasant afternoon.



CONSTIPATION IN INFANTS AND YOUNG CHILDREN.—W. J. Trenton has a paper on this subject in *Pædiatrics* in which he says that a want of fluid drunk may be one cause of the condition, a deficiency of fat and an excess of proteid in the food another.

He emphasizes the importance of regular feeding and a change in food if necessary, whey, thin, well-cooked gruel, albumenized water, broth, or meat-juice being substituted for milk for a time. A teaspoonful of fine oatmeal made into a paste and stirred into the morning feeding of milk may be of use. Cream may be added to supply fat. Massage he considers a valuable remedy. If medicine is necessary, a teaspoonful of manna may be given in the milk, dissolved first in hot water, or a few grains of phosphate of soda, also in the milk, or fluid magnesia, or half a grain to a grain of sulphur. If there is colic and flatulence a mild cathartic should be used, perhaps a dose of castor-oil. The object is to open the bowels freely at first and then keep them open with as little artificial aid as possible. Enemata are of service to remove masses of faeces at first, but their use should not be continued. Suppositories of glycerin or a cone of soap may be used.

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OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF

MARY E. THORNTON

120 East Thirty-first Street, New York City



[We must ask contributors to this department to make their reports as concise as possible, omitting all mention of regular routine business, and stating such facts as are of special interest to absent members or to the profession at large. The JOURNAL has already increased its regular reading pages from sixty-four to eighty, and it must keep within these limits. In order to do this all of the departments are being condensed to make room for our constantly increasing items of interest.—ED.]

THE SEVENTH ANNUAL CONVENTION OF THE NURSES' ASSOCIATED ALUMNÆ OF THE UNITED STATES, TO BE HELD IN PHILADELPHIA, MAY 12, 13, 14, 1904

THE Executive Committee of the National Association has the honor to announce that the seventh annual convention will be held in Drexel Institute, Thirty-second and Chestnut Streets, West Philadelphia, and will be opened at one o'clock on Thursday, May 12, when the registration of delegates, the presentation of badges, and the payment of annual dues (ten cents per capita) will be in order, checks to be made payable to Tamar E. Healy, treasurer.

Each alumnae association is privileged to send one delegate with one vote for every fifty of its members; those having less than fifty may send one delegate with one vote, and those having large memberships may send delegates with power to vote by proxy, providing their credentials show them to be entitled to cast such votes.

Permanent members, on presentation of credentials from their alumnae associations, will be entitled to attend all general sessions of the convention and to participate in debate on professional and ethical subjects.

The committee would impress upon the delegates the importance of a previously acquired knowledge of the subjects to be brought up for consideration (as per the letter of the committee read at the April meetings of the alumnae associations) and the necessity for prompt and close attendance during the entire session.

While the officers will not formally commence work until one o'clock, the secretary will be glad to register any delegates who may wish to present their credentials during the morning. With the railway stations so very near the Institute, and the Drexel students' lunch-room just across the street, much time may be easily conserved if those delegates who are in town will take advantage of this and register before one o'clock.

At two-thirty P.M. the convention will be called to order and the invocation made by the Right Reverend Ozi W. Whitaker, D.D., of the Diocese of Pennsylvania.

The welcome to Drexel Institute will be given by James MacAlister, LL.D., president of Drexel Institute, followed by an address by the president, Miss Mary M. Riddle.

The chairman of the Committee on Arrangements will make her report, after which the meeting will adjourn until Friday morning at ten o'clock.

From four to six o'clock a tea will be given by the Polyclinic Hospital Alumnae Association on the roof garden of the Nurses' Home, 1818 Lombard Street.

At eight-thirty in the evening a reception will be held at the Manheim Club, Germantown, by the Germantown Hospital managers.

Friday, May 13, from nine-thirty to ten, there will be an organ recital at the Institute.

At ten o'clock the adjourned meeting will be called, and after the roll-call the reports of officers and committees will be asked for, discussion thereon taking place in executive session.

After reports from the State associations are made, the section on State organizations with its discussions will be conducted.

Immediately after adjournment, if not before, delegates and visitors in possession of certificates (and every one attending the convention is asked to procure a certificate, even though she does not care for it, as it will help the secretary out in making her total) will kindly hand them in for the agent's inspection and call for them that same evening.

At four o'clock Girard College will be visited by permission of the trustees, and at eight o'clock a dinner will be given by the alumnae associations of Philadelphia.

Saturday, May 14, the adjourned meeting will be called at ten o'clock, unfinished business, new business, and the section on central directories being the order of the day.

At four o'clock an automobile trip will be made around Philadelphia and the Park.

The committee would remind all nurses that they are most cordially invited to attend all general sections of the 1904 session of the Nurses' Associated Alumnae of the United States.

MARY E. THORNTON, Secretary.

NEW YORK STATE MEETING

THE annual meeting of the New York State Nurses' Association was held in Albany, April 19, 1904, the president, Miss Annie Rhodes, in the chair.

The usual order of business was proceeded with, and the reports of the officers and of the chairman of each committee were submitted. Miss Rhodes made an impressive and forceful address, emphasizing the importance of registration and urging the members to make application at once. She also suggested that a badge or pin, in which the letters "R. N." should be very conspicuous, be adopted by the association. This was later put to vote and carried, and a committee was appointed to select the design and report at the October meeting.

The Association of Graduate Nurses of Northern New York and the Alumnae Association of the Albany Hospital invited the officers, delegates, and individual members of the association to a luncheon at the New Kenmore. At the afternoon session a vote of thanks was given these associations for the delightful entertainment and then the new business of the day was proceeded with.

The amendment of the by-laws was found to consume so much time that only Article II. and the clause referring to the Board of Examiners could be voted upon.

The following officers for the coming year were elected: President, Miss Annie Damer, Buffalo; first vice-president, Mrs. John B. Ledlie, Saratoga Springs; second vice-president, Miss M. E. Cameron, New York; secretary, Miss Margaret Sutherland, 219 West Eighty-third Street, New York City; treasurer, Miss Amanda Silver; trustees—Miss Annie Rhodes (to finish Miss Dock's term), Miss A. R. Young; candidates for Board of Examiners—Mr. L. Bissell Sanford, Mr. Charles Sears; members of the Executive Committee elected from the floor—Miss Poole, Albany; Miss Keating, Buffalo; Miss Rundell, New York.

After a vote of thanks to the retiring officers for their services during the past year, and also for the gavel which had been presented by them to the association, the meeting adjourned to meet in New York the third Tuesday in October, 1904.

JESSIE McCALLUM, Secretary.

JUSTICE TO MRS. GRETTER

In the April number of the *JOURNAL* we published an article entitled "Ethics of Nursing," giving the author as Miss Frances M. Quaife, superintendent of the Touro Infirmary, New Orleans, La. We have since had our attention called to the fact that this article was published in the *Harper Hospital Bulletin*, of Detroit, Mich., April, 1901, having been read at the meeting of the Farrand Training-School Alumnae April 3, 1901, by Mrs. L. E. Gretter, principal of the Farrand Training-School.

Miss Quaife makes no attempt to deny that the article was copied, but claims to have seen it in an old paper, the writer's name not being given, and says she did not know it was against our "rules" to accept copied articles. It is not a question of rules, but of simple honesty and courtesy, that should make a writer quite as careful not to use another person's material without giving credit as she would be not to sign another person's name. We regret that the article must remain in the April number accredited to Miss Quaife, and not to Mrs. Gretter, to whom it properly belongs.

THE directors of THE AMERICAN JOURNAL OF NURSING Company have issued the following circular letter to the superintendents of training-schools:

"DEAR MADAM: The directors of this company are now making a strong effort to effect a substantial increase in the number of subscribers to THE JOURNAL OF NURSING. In order to secure the desired results we need your personal interest and influence. Through the officers and pupils of your school and your graduate nurses remarkable opportunities are open to you, and we believe that the subscription-list can be largely increased through your suggestion and advice. We feel that the interest of the pupil nurse in her future work and responsibilities can in no better way be aroused, the pride of the graduate nurse in the growth and welfare of her profession in no better way be stimulated, than through the pages of the JOURNAL, which keeps her fully informed on all such subjects.

"Every nurse should own it and read it. It is throughout the work of nurses; it is succeeding; it is doing in many ways splendid work. In many ways, however, we are anxious to improve it, and this can only be done through an increase in subscriptions.

"We make an urgent appeal to you, therefore, to bring this matter before your pupils and others under your government, and to take vigorous measures to arouse in them a fresh interest.

"We have written to the presidents of such alumnae associations as we have knowledge of, asking their active coöperation in this matter. If we have failed to reach in this way the alumnae association of your school, will you also kindly bring the matter before them at an early date. Yours faithfully,

"ISABEL MCISAAC, President;
"A. D. VAN KIRK, Secretary."

REPORT OF THE SPANISH-AMERICAN WAR NURSES

In the *Nursing Journal* of March there appeared an account of the proposal by the president of the Spanish-American War Nurses to take a party of ex-army nurses to serve in the Japanese war. On February 11 the Japanese Minister at Washington was officially informed that war had been declared and he at once cabled for instructions regarding that offer. The reply was embodied in the following letter, received by Dr. McGee:

"LEGATION OF JAPAN,
WASHINGTON, February 16, 1904.

"MADAM: In reference to your offer of the services of a party of American ex-army nurses to assist in nursing the sick and wounded of the Japanese army, I have now received a telegram from the Minister for Foreign Affairs informing me that the Red Cross Society of Japan is prepared to accept their services with full appreciation of the high motive which animated you to make this offer. In doing so, however, I am asked to say the society wishes to suggest that you come over to Japan with a few nurses, as you proposed, leaving the others to be cabled for if the actual necessity should call for such a step, as in the opinion of the society it is still uncertain that such an occasion will present itself.

"I have the honor to be, with high consideration, respectfully yours,

"K. TAKAHIRA."

It is understood, however, that of the many offers of personal assistance which the Japanese received, the only one so far accepted is that of the Spanish-American War Nurses. Dr. McGee received many applications from trained nurses wishing to go with the party, but as one of the chief reasons for the acceptance of her offer by Japan was that all the nurses composing the party had had practical experience in the field hospital of our army, it was impossible to consider others.

The general self-reliant attitude of the Japanese may be seen from their refusal of the services of so famous a surgeon as Dr. Nicholas Senn, of Chicago. He has written Dr. McGee about her party as follows: "I am glad you are taking the necessary steps to send trained nurses, as in case of prolonged war they will be needed. You may count on my support in this undertaking."

The nurses composing the party are volunteers, and no salary whatever is received, although an arrangement for coöperation with the Associate Society of the Red Cross of Philadelphia was effected by which the travelling and incidental expenses of the party are borne.

As only one of the nurses composing the original party of five was from Philadelphia, at the request of the Red Cross the number was increased to ten—that giving a larger representation from Philadelphia.

The Japanese Government agrees to furnish quarters and subsistence while in Japan. Though the party goes under the provisions of the Geneva, or Red Cross, treaty, it is necessary to serve in and to be neutralized by one of the belligerent parties.

Dr. McGee has received a rare courtesy from our government in being given a special passport and letter such as are given officers of the United States army or navy who have been ordered to witness the operations of war.

An invitation had been received to travel on the last Japanese boat, the Iyo Maru, but, unfortunately, the party was detained by land and snow-slides in crossing the Rocky Mountains, and the boat was obliged to sail without them.

Their enforced wait in Seattle has been made delightful by the hospitality shown them there and from being guests in the pleasant homes of the city. Numerous entertainments and receptions have been tendered them. The nurses comprising the party are:

Miss Minnie Cooke, graduate from the Methodist Hospital, Philadelphia. Miss Cooke served for two years in the Municipal Hospital, Philadelphia. She entered the army in December, 1898, serving in the Seventh Army Corps in Cuba. She served both in the army hospitals, nursing yellow fever, and in the surgical wards of Military Hospital No. 1, Havana.

Mary E. Gladwin, graduate of Buchtel College, Ohio, and from the Boston City Hospital, where her diploma was taken *cum laude*. Miss Gladwin was for nearly a year at the Relief Station of Boston doing emergency work, and resigned her position as superintendent of Beverly Hospital, Beverly, Mass., to join the party for Japan. During the war Miss Gladwin was chief nurse at Sternburg Hospital, Chickamauga, and at Macon, Ga. In 1899 she went in charge of the nurses on board the Sheridan to Manila.

Alice Kemmer, graduate of the Missouri Baptist Sanitarium of St. Louis, entered the United States army August, 1898, going with the Seventh Army Corps to Cuba. Later Miss Kemmer started for Manila, but her orders were changed and she was sent to Tientsin and Peking, China. From there she went to Manila in May, 1901, and while in Manila Miss Kemmer received the unique distinction of honorable mention in orders from the Commanding General, she having relinquished a leave of absence to care for three cases of smallpox.

Ella B. King, graduate of Jefferson Medical College Hospital, Philadelphia, entered the service in October, 1898, and served more than three years in various hospitals of the United States and the Philippines.

Elizabeth Kratz, graduate of Blockley, Philadelphia, entered the United States army in 1898, serving in the United States and Cuba. Miss Kratz took a post-graduate course in the Women's Hospital of New York. She left the position of head nurse in the Delaware Hospital, Wilmington, Del., to become the assistant superintendent of the Meadville Hospital, but was called from the latter post to nurse smallpox in the Municipal Hospital of Philadelphia.

Adelaide Mackereth graduated from the Medico-Chi. of Philadelphia. She entered the army in the fall of 1898, going with the Seventh Army Corps to Cuba. In 1899 she sailed for the Philippines, where in Iloilo she had charge of the operating-room until March, 1902.

Adele Neeb graduated from the Presbyterian Hospital, Philadelphia, where she remained as head nurse for six months. She entered the army in the fall of 1898 and went with the Seventh Army Corps to Cuba.

Sophia Newell graduated from Christ Hospital, Jersey City, N. J. She served at Fortress Monroe, Va., and Albany, Ga., during the war.

Genevieve Russell, graduate of Asbury Methodist Hospital of Minneapolis, Minn., entered the army in 1898 and went with the Seventh Army Corps to Cuba. In 1899 she sailed in charge of the nurses on the *Logan* for Manila. She was sent to Iloilo as chief nurse, where she remained until August, 1900. Returning to Cuba in 1901, Miss Russell served as head nurse and then as superintendent in the Civil Hospital of Havana and Cienfuegos. Returning to New York City in August, 1903, she completed a post-graduate course in the General Memorial Hospital of that city.

Intervals in the nursing history of these nurses were, of course, filled in by private work.

The party sailed from Seattle on the *Shawmut* April 1, and they will be met upon their arrival in Yokohama by a representative of the Minister of Foreign Affairs, who will give further instructions.

ANITA NEWCOMB MCGEE, President.

REPORT OF THE CLASS IN HOSPITAL ECONOMICS

To Miss Banfield, Chairman.

The Class in Hospital Economics, Teachers College, do respectfully submit the following report for March, 1904:

The weekly excursions have been to places of unusual interest: New York Hospital, new Mt. Sinai Hospital, Sloan Maternity, Vanderbilt Clinic, and College of Physicians and Surgeons.

Through the courtesy of Miss Maxwell we had the privilege of attending a surgical clinic, and two demonstrations given by the senior nurses at Presbyterian Hospital.

To the superintendents of the various training-schools and their assistants we are deeply indebted and most grateful, not only for the many courtesies and kindly spirit of helpfulness shown, but also for many valuable practical points gathered from their experience, which has been no small part of our instruction here.

The patience and forbearance with the many questions of the class (for which we have merited reputation) have been phenomenal.

The extra lectures for the month in place of work with Dr. Wood, whose health, we regret very much, is still keeping him in Arizona, were two lectures by Dr. Jeliffe on nervous disorders, and a nurse's special duties in caring for such patients. Dr. Jeliffe believes that nurses taking up this special work should, besides being otherwise well qualified, having a thorough understanding of psychology.

The other lectures were by Dr. Bastedo on methods of presenting the subject of *materia medica* to a class of nurses, supplemented by a visit to his laboratory at the College of Physicians and Surgeons. Many valuable suggestions were given, the aim being to gauge how much of the "dead wood" of this voluminous subject may be cut out, and how to make the subject interesting and at the same time of value to the nurse.

Several of the class took advantage of the short Easter vacation by visiting training-schools and other points of interest in and about Boston. All are planning and looking forward with pleasure to attending the Associated Alumnae meeting at Philadelphia in May.

COMMITTEE OF STUDENTS.

[Miss Alline's report is practically a duplicate of the above with the exception of the closing paragraph, which is given verbatim.—Ed.]

"The only regret of a serious nature is that of a depleted treasury. The present sum on hand is not sufficient to cover outstanding bills. It certainly is a good work, as shown by the demand for it, but a structure without a foundation seems anything but permanent. Every advance in the work is another step in the dark. This is the fifth class to graduate. The work has grown in every particular excepting financially. Respectfully submitted,

"ANNA L. ALLINE.

"March, 1904."

STATE MEETINGS

CANADA.—A mass-meeting of nurses was held in St. George's Hall, Toronto, on Saturday, April 2, at two P.M. Delegates from London, Hamilton, Ottawa, St. Catherines, Woodstock, Stratford, Sarnia, and several other places were present, with a good representation from the various city hospitals. Mrs. Pafford, president of the Alumnae Association of Toronto General Hospital, was in the chair.

It may be remarked in passing that Mrs. Pafford has done more to arouse interest in matters relating to the organization of nurses than any other woman in Ontario. The society of which she is president has doubled its membership during her term of office, and she has been the means of inducing nurses of sister schools to organize.

Mrs. Pafford in a brief address laid before the meeting the objects of the society which the meeting had been called together to organize, and introduced Miss Damer, of Buffalo, who in a clear and interesting address told what has been done in New York State, from the initial step to the passing of the bill requiring State examination and registration of nurses. She urged the nurses of Ontario when they should have got a bill passed to register at once.

Dr. Helen Macmurchy followed and told of the benefits to the medical and legal professions from Provincial registration.

Miss Snively, Toronto General Hospital, was the next speaker. She spoke of the two attempts at legislation for nurses which have already been made in Canada, and urged the necessity for unity of purpose in the next attempt to be made, and concluded by moving a resolution to the effect that a society of the graduate nurses of the Province of Ontario be formed. This was seconded by Miss Hollingsworth, of St. Catherines, and agreed to unanimously by the meeting. The following officers were elected: President, Miss Elizabeth Campbell Gordon, Emergency Branch of Toronto General Hospital; first vice-president, Miss Wartman, Kingston; second vice-president, Miss Rice, Ottawa; secretary, Miss Julia Stewart, 12 Selby Street, Toronto; treasurer, Miss J. Hamilton, 481 Church Street, Toronto.

JULIA STEWART, Secretary.

NEW ORLEANS, LA.—On March 16 the Louisiana State Nurses' Association was organized at New Orleans. The small number of schools in the State simplifies the question of membership, making it individual.

The ultimate object is State registration, which will not be as difficult to obtain as in States where the standard is less uniform, no school represented having less than a two-years' course with general hospital work.

The officers for the ensuing year are: President, Miss F. M. Quaife, graduate New York Hospital, superintendent Toronto Infirmary, New Orleans; first

vice-president, Miss K. Dent, graduate New Orleans Sanitarium; second vice-president, Miss L. B. Walsch, graduate Charity Hospital, New Orleans; secretary, Miss L. M. Bushey, graduate Cleveland Training-School for Nurses; treasurer, Miss M. Mackenzie, graduate Hotel Dieu, New Orleans.

MICHIGAN.—A meeting of the graduate nurses of the State of Michigan will be held in Detroit May 10, beginning at nine-thirty A.M. The place of meeting is Chaffee Hall, corner of Willis and Woodward Avenues. The meeting is called for the purpose of forming a State association of nurses and to consider a plan for State registration. A large attendance of nurses is desired. Hon. W. H. Maybury, Mayor of Detroit, will deliver an address of welcome. Addresses will be given by Judge C. A. Kent and Dr. J. H. Carsten on "State Registration." It is desired that each nurse will come prepared to state her views on this subject.

NORTH CAROLINA.—The Board of Examiners of Trained Nurses of North Carolina will meet for the examination of applicants at the Olivia Raney Library Building, Raleigh, N. C., at eleven-thirty A.M., May 24, 25, 1904. Applicants will please send their names to the secretary by May 21. Private boarding places will be secured for those who so desire.

M. L. WYCHE, Secretary and Treasurer.

NEW YORK STATE.—The first examinations in practical nursing will be held in New York State in New York, Albany, Syracuse, and Buffalo on June 21, 1904. Full particulars will be given in the June number of this JOURNAL. (See October, 1903, number 52, 53.)

NORTH CAROLINA.—The second annual meeting of the North Carolina State Nurses' Association will be held in Raleigh, N. C., May 26, 27. The exercises will be held in the Olivia Raney Library Building.

REGULAR MEETINGS

NEW YORK.—The Association of Graduate Nurses in Manhattan and Bronx held a regular meeting on April 11 at the League for Political Education, the president in the chair. The attendance was larger than usual. This was particularly pleasing, because many of the nurses who were present are engaged on private duty, and so often find it difficult to attend the meetings. Yet one of the primary reasons for forming this association was to provide some place where the large number of nurses who are not graduates of New York schools, but who are engaged in private practice in this city, might meet regularly and discuss subjects of interest in our profession and keep in touch with all advancement. Recognizing the difficulties in the way of the private nurse attending meetings, we have tried to arrange the time of our meetings in the afternoon, during the hours the nurse on private duty is more apt to be free, and we are correspondingly pleased when advantage is taken of this opportunity. Seven applications were recommended by the Membership Committee. Miss M. L. Daniels and Miss A. S. Bussell were elected delegates to the State Society. The list of candidates for office in the State association was voted upon, and the delegates instructed to cast the seven votes of the association in accordance with this ballot. They were also instructed as to the views of the association in regard to the revision of by-laws in the State association, but were left free to vote as the occasion required.

ORANGE, N. J.—The regular meeting of the Association of the Orange Alumnae was held on March 16, at 449 Main Street. The meeting was opened by the president, Miss Margaret Anderson, about thirty members answering to the roll-call. An announcement was read from Miss Margaret Pierson, the president of the Training-School, that she would be "At Home" the last Wednesday of every month, and would be glad if any of the graduates would drop in for a cup of tea. Eight new members were elected. Announcement was made of the marriages of Miss Heckel and Miss McGlashan. Reference was made to the anti-tuberculosis movement recently started in the Oranges, and as the committee had requested the coöperation of the alumnae a member was chosen to represent the association in furthering the advancement of this work. Two delegates were elected to attend the convention of the Associated Alumnae, to be held in Philadelphia in May, and the alumnae will be represented by two members at the Berlin convention in June, one as delegate for the New Jersey State Nurses' Association. Dr. Frank C. Bunn kindly gave a most interesting and instructive illustrated talk on the X-ray which was thoroughly appreciated by all, after which the meeting adjourned and a pleasant social time followed.

INDIANAPOLIS, IND.—The Graduate Nurses' Association of Indianapolis, Ind., elected officers for 1904 as follows: President, Miss Johnson; vice-presidents, Misses Earnest and Corliss; secretary, Mrs. Belk-Brown; assistant, Miss Gerard; treasurer and registrar, Miss Hale. Late in the year 1903 money was subscribed by most of the members of our association for the furnishing of a room in the Indianapolis City Hospital for use of the members of our association in case of sickness. On February 22, 1904, the Indianapolis Association entertained at the Grand Hotel the Indiana State Association. During the entire day at least one hundred nurses attended. Luncheon was served at noon, to which seventy-four nurses sat down. It was a very enthusiastic meeting. A movement is now being made to have our association incorporated. Many interesting talks have been given during the past year by physicians or others interested in our work, most of which have been from a professional point of view. At the March meeting Dr. Rebecca R. George read a paper, and at the close of the meeting the president, Miss Johnson, served tea. Miss Johnson leaves in April for a four-months' visit in California.

CHICAGO, ILL.—The monthly meeting of the Alumnae Association of the Illinois Training-School for Nurses was held on Thursday, April 7, at the Nurses' Home, with Miss Sophia F. Palmer, editor of the *JOURNAL*, officers of other local associations, and their delegates to the Associated Alumnae as guests. Forty members were present and twenty guests. The western officer, Mrs. E. B. Hutchinson, presided, and a most interesting and profitable afternoon was passed. The purpose of the meeting was the instruction of delegates on the questions to come before the Associated Alumnae in May. Miss Palmer gave some interesting information on the subject of the *JOURNAL*, its origin, its present field, and its future. A majority were in favor of the Associated Alumnae making an effort to own the *JOURNAL* this year, and about one hundred dollars was subscribed by individual members in a short time. Other subjects discussed were the proposed amendment on membership, or eligibility, to the constitution and the advisability of admitting State associations and local clubs to membership. After the business meeting a social hour was enjoyed, during which light refreshments were passed.

BROOKLYN.—The annual meeting of the Long Island College Hospital Alumnae Association was held on April 12, when there was a good attendance. The officers for the coming year were elected as follows: President, Miss Davids; first vice-president, Miss Grace Slingerland; second vice-president, Miss Young; recording secretary, Miss Sargent; corresponding secretary, Miss Clara Hall (163 Congress Street); treasurer, Miss Burdick; directors—Miss Elizabeth Hall, Miss Johnson, Miss Charlotte Arnold, Miss Ida L. Sutliffe, Miss Jessie E. Wiley. The annual report shows that the first year of the new registry has been most successful in every way. Congratulations were given to the president, Miss Davids, and the committee for their very good work by Miss Sutliffe, who, to the regret of all, was present for the last time as superintendent of the Training-School. Three new members were proposed. During the year forty-three new members have been admitted, making a total of one hundred and sixty members. Miss Davids and Miss Sargent were chosen as delegates to attend the convention of the Associated Alumnae to be held in Philadelphia in May. The meeting then adjourned.

PHILADELPHIA.—The eleventh annual meeting of the Alice Fisher Alumnae of the Philadelphia Hospital was held at the Club-House, 804 Pine Street, on April 4, 1904. In the absence of the president the first vice-president, Miss Malloy, took the chair. A fair attendance made the meeting very interesting, and all present were filled with the spirit of business. It was decided to make application for readmission to the Associated Alumnae. The advisability of a directory at the Philadelphia Hospital for the benefit of their alumnae was discussed. It was resolved that monthly meetings be held at the Club-House on the first Monday of each month at three P.M. Miss Malloy, the delegate to the meeting of the State Nurses' Association held in Pittsburg in October, and also to the meeting in Harrisburg in January, presented an entertaining report. Refreshments were served, after which the following officers were elected for the ensuing year: President, Miss Malloy; first vice-president, Miss M. Lewis; second vice-president, Miss A. Wrigley; secretary, Miss Anna Rindlaub; treasurer, Miss M. A. Hayes; Executive Committee—Miss H. Buckman, Miss E. M. Gainor.

NEW YORK.—The Alumnae Association of the New York City Training-School held its regular meeting at the Academy of Medicine, 17 West Forty-third Street, on Tuesday, April 12. The meeting was called to order by the president, Miss Silver. Then followed the reading of the minutes of the last meeting by the recording secretary, Miss Grace Forman. The financial secretary, Mrs. Clinton Stevenson, was very busy receiving annual dues. A report of trustees' meeting was read by Miss Rosetta Forman, secretary of that board. Dr. Charles E. Quimby was introduced and gave a most interesting lecture on fevers. The routine business was then taken up, but, unfortunately, a number of nurses had been obliged to leave. After the meeting the nurses adjourned to the banquet hall. The refreshments which followed were a donation from Miss M. C. Muldoon.

WEST CHESTER, PA.—The Chester County Nurses' Association held a special meeting on Friday afternoon, April 8, at three o'clock, in the lecture-room of the Chester County Hospital. The meeting was called to order by the president, Miss Constance Curtis, of the Phoenixville Hospital. The minutes were read by the secretary, Miss Elizabeth Schelly, of the Chester County Hospital. After the reading of the minutes the vice-president, Miss Julia King, of the Chester County Hospital, read the constitution and Code of Ethics, which were approved and

signed by all present. A very interesting report of the State meeting held in Harrisburg was read. After the transaction of some other minor business the meeting stood adjourned. The next meeting will be held on the first Thursday in June (second), at the Phoenixville Hospital.

NEW YORK.—The adjourned stated meeting of the New York County Nurses' Association was held on Tuesday evening, April 5, at the Laura Franklin Hospital, Miss Silver in the chair. There was a goodly attendance of delegates and visitors, the Executive Committee especially demonstrating its realization of the responsibility resting upon it, nine of its members being present. New York City nurses should avail themselves of this opportunity to get in touch with nursing affairs by making application for membership at once. The next meeting is to be held on the first Tuesday of May, at eight o'clock in the evening, at the New York City Training-School, Blackwell's Island. Members and guests should be at the boat-landing, foot of East Fifty-second Street, a few minutes before eight o'clock.

PHILADELPHIA.—The Nurses' Alumnae Association of the Jewish Hospital, Philadelphia, held its annual meeting on Tuesday afternoon, April 5, in the lecture-room of the hospital. Ten members were present. After the routine business was transacted the election of officers took place with the following result: President, Miss McCoy; first vice-president, Miss Altshuler; second vice-president, Miss O'Sullivan; secretary and treasurer, Miss Halsey. The alumnae will give a banquet to the graduating class on May 24 at eight P.M., and it is hoped that our distant members will attend. The State society work and that of the Associated Alumnae were discussed briefly, and the meeting adjourned to enjoy a "Birthday Feast" provided by the members.

PHILADELPHIA.—The regular monthly meeting of the Alumnae Association of the University Hospital was held on Monday, April 4, 1904, the president, Miss Rudden, in the chair. The usual routine of business was transacted and interesting discussions took place on the following subjects: State Association meeting to be held at Wilkes-Barre, April 20 and 21, 1904; the convention of the Associated Alumnae in Philadelphia, May 12, 13, and 14, 1904, and the International Congress in Berlin in June, 1904. Contributions to the "Endowed Room Fund" come in very slowly, and delinquent members are requested to send in their subscriptions before the annual meeting in June. The meeting was well attended. After adjournment, coffee and cake were served.

BROOKLYN.—A well-attended regular meeting of the Mt. Sinai Alumnae Association took place in the Ladies' Auxiliary room of the Mt. Sinai Hospital on April 7, at two-thirty P.M. Seven new members were admitted and four new candidates proposed. Miss Bertha Kruer, of 635 Park Avenue, was appointed treasurer of the Ellen Robinson Fund. Miss G. Greenthal was appointed delegate to represent the association at Philadelphia in May at the convention of the Associated Alumnae, Miss Bertha Kruer being alternate delegate in case Miss Greenthal cannot attend. The resignation of the association from the State organization was withdrawn, and it is still, therefore, a member of that body.

NEW YORK.—A very interesting meeting of the Nurses' Alumnae Association of the New York Post-Graduate Hospital was held at the Margaret Fahnestock Training-School on April 5. The following delegates were appointed for the coming meetings: To the State meeting in Albany, Miss Jacobus, Miss Fraleigh, Miss Selden; to the National meeting in Philadelphia, Miss Ehrlicher and Miss Van Zandt; to the International meeting in Berlin, Miss Ehrlicher. A very pleasant euchre party was given at the Training-School in February for the benefit of the fund for sick nurses. The proceeds from this entertainment, with dues, etc., gives the fund a start of considerably over two hundred dollars.

CLEVELAND, O.—The Graduate Nurses' Association held its regular meeting on Tuesday, March 29, the president in the chair. Miss F. F. Wright, delegate to the State Convention, held in Cincinnati in January, gave an interesting account of what has been accomplished, after which Dr. George W. Crile read a very instructive paper on "Nursing in Operations in Private Houses," which was greatly enjoyed by all present. Three new members were admitted to the association, Mrs. L. G. Thurman, Miss Isabel Clohecy, and Miss Gertrude McKenzie. A hearty vote of thanks was given to Dr. Crile, after which the meeting adjourned to the last Tuesday in April.

DENVER, COLO.—The Graduate Nurses' Association held its fifth annual meeting at the Young Women's Christian Association Building on March 7, 1904. Roll-call showed a membership of seventy-four. After the reports of the past year's work were read, the following officers were elected for the ensuing year: President, Miss L. G. Welsh; vice-president, Miss L. M. Fowler; secretaries, Mrs. M. J. Thurston and Miss L. Perrin; treasurer, Miss W. A. Donaldson. Dr. T. E. Taylor addressed the meeting. The question of State registration is being considered.

BUFFALO, N. Y.—The regular meeting of the Nurses' Alumnae of the Buffalo Hospital, Sisters of Charity, met at the hospital on April 13, at three P.M. After the usual items of business were disposed of Miss H. Greaves, the secretary, read a very interesting paper, "A Nurse's Experience during the Typhoid Fever Epidemic in Butler, Pa." The Board of Directors and committees were appointed. After the meeting adjourned refreshments were served and the association was entertained by the Senior Class of 1904, and a very pleasant hour was spent socially.

PHILADELPHIA.—The regular meeting of the Alumnae of the Woman's Hospital was held at 1227 Arch Street, April 13, 1904. There was a large attendance, and letters were received from several regretting their inability to be present. The meeting was called to order by the president at four P.M. The minutes were read and new business discussed. After adjournment those present were entertained by Miss Hannum by an afternoon tea. An invitation was received from Dr. Seabrooke to hold the June meeting at the Woman's Hospital.

PHILADELPHIA.—The Alumnae of the Pennsylvania Hospital held its stated meeting in the Nurses' Home on March 17. The principal topic discussed was the convention of the national association. The members of the alumnae look forward to meeting many old friends and making many new ones, and feel

assured the nursing world will be given an impetus by the discussions of the national association.

BOSTON.—The Alumnae Association of the Boston and Massachusetts General Hospital Training-Schools for Nurses gave a dinner to the Class of 1904 at the regular monthly meeting, which was held at the Copley Square Hotel on March 29. A goodly number were present, and all agreed that the social event was a decided success.

DETROIT.—At the annual meeting of the Farrand Training-School Alumnae, Harper Hospital, the following officers were elected: President, Emily A. McLaughlin; first vice-president, Rose Smith; second vice-president, Melissa Collins; treasurer, Elizabeth McClaskey; secretary, Lulu E. Durkee.

PHILADELPHIA.—In the absence of a quorum the Philadelphia County Nurses' Association held no meeting Wednesday, April 13, 1904.

MARRIED

ON April 7, in Washington, D. C., Miss Alice Witman, of Washington, to Dr. John Martin Taylor. Miss Witman is a graduate of the Johns Hopkins Training-School, Class of 1902, and since graduation has been head nurse of the surgical operating-room and of a private ward in the hospital. Dr. Taylor was formerly on the hospital staff for a short period, but for several years has been practising in the far West.

AT Syracuse, N. Y., on March 17, 1904, Alice A. Williams, graduate of the Central New York Hospital for Women and for a number of years superintendent of the Women's and Children's Hospital of Syracuse, N. Y., to Charles E. Capron, of Suffield, Conn.

MARCH 13, at Gregory, Tex., Miss Nellie J. Hobbs, a graduate of the Massachusetts General Hospital Training-School, Class of 1900, to Mr. George Miller, of Gregory, Tex., and formerly of Markham, Ontario, Canada.

ON Wednesday, March 30, 1904, Miss Mina May Reed, graduate of the University of Pennsylvania, Class of 1893, to Dr. Charles Leonard Wakeman. Dr. and Mrs. Wakeman will reside in East Branch, New York.

OBITUARY

IT was with deep regret that the Alumnae Association of the Hartford Hospital learned of the very sudden death of Miss Lilian C. Catlin, which occurred at the home of Mrs. Henry W. Fuller, Hartford, Conn., on March 27, 1904, of pneumonia.

Miss Catlin graduated from the Hartford Hospital in the Class of 1885, and much of her private work was done in Hartford, though for a few years she was with Dr. Howard Kelley in Baltimore. She was a charter member of the Alumnae Association and thoroughly devoted to its interests.

At a special meeting of the Alumnae Association the following resolutions were adopted:

"Resolved, That we as an association have lost a sincere friend and the profession a highly esteemed member.

"Resolved, That we sincerely sympathize with her family in their bereavement.

"Resolved, That a copy of these resolutions be sent to her family and to THE AMERICAN JOURNAL OF NURSING.

"MARTHA WILKINSON,
"MARY ROGERS,
"LUCY WAY."

At the Marcus Hospital, New York City, Miss Jessie J. Brumbaugh, of State Line, Pa.

Miss Brumbaugh was a graduate of the Maryland General Hospital, Class of 1902. She was a capable and dutiful nurse and endeared herself to her patients, friends, and classmates by her bright and genial disposition.

The following resolutions were adopted by the Maryland General Hospital Training-School Alumnae Association:

"WHEREAS, Death has removed from our circle a most esteemed member:

"Resolved, That we, the members of the Maryland General Hospital Training-School Alumnae Association, extend our heartfelt sympathy to her family.

"Resolved, That a copy of these resolutions be sent to the family of the deceased member, and also that they be recorded on the minutes of the association.

"ELSIE FERGUSON,
"V. LORENTZ,
"L. FASBURG,
"Committee."

AFTER a lingering illness, borne with her characteristic fortitude and patience, Miss Agatha Crofton passed peacefully away on Tuesday morning, March 15, 1904, in Yuma Valley, Arizona, aged twenty-seven years. Miss Crofton was a graduate of Lakeside Hospital, Chicago, Ill., of the Class of 1899, and was a most successful nurse in private practice until her illness began, two years ago. Her gentle, loving disposition won her friends among all with whom she came in contact. Her body, accompanied by her brother, was taken to her home in Lindsay, Ontario, Canada, for interment.

OF typhoid fever, at the House of Mercy Hospital, Pittsfield, Mass., on Tuesday morning, January 26, 1904, Miss Ellen MacDarby, thirty-one years of age.

Miss MacDarby was a graduate of the Class of 1898 of the Bishop Memorial Training-School for Nurses belonging to the House of Mercy Hospital. She had been caring for a patient who was sick and died with typhoid fever. She went without rest to another patient and worked on until utterly unable to do more. She died after an illness of less than three weeks.

FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK

THE NURSING SYSTEM OF ITALIAN HOSPITALS

(Continued from page 565)

IN our last number we gave some account of the nursing system of Italy and tried to show its mediaeval character and the difficulties in the way of modern nursing reforms. This month we shall try to give our readers an outline of what is being done along modern lines, and of the personalities of several nurses, who, realizing the urgent need of improvement, are laboring each in her own way to bring about a more enlightened system of nursing and a more rational environment for the nurse.

These modern nurses seem no less admirable than the reformers of the Middle Ages. Their patience, courage, and love of humanity are as great as those of the saints, and their health is better. If they are not canonized some day, at least they deserve to be.

In Florence, there is Miss Turton; in Rome, Signora Celli; in Naples, Miss Baxter. Then there are Miss Tonino and others of Miss Baxter's graduates.

Miss Turton was the pioneer in Italy. She is English, but through long residence has devoted herself to Italy. For quite a long period of years she has been striving to educate, planting seeds, getting things started, working in hospital herself, and leavening her public with the ideas of an educated and intelligent nursing service.

To revolutionize such a system as one finds in Italy, which has been supreme for a thousand years, is not done as easily as were hospital reforms in England and America, though these were difficult enough, and Miss Turton, believing—as we think, wisely—that it would be fatal to antagonize the existing order, has sought to graft the new on to the old and to introduce new ideas and methods gradually by obtaining permission from the nuns to have pupil-nurses enter the wards and pass through a course of practical work under her own and the physicians' supervision.

It seems altogether probable that in no other way could a beginning have been made—especially as no demands had come from the medical profession for a change. Had they been dissatisfied, as in France, the question might have been different, but here, with no professional or popular discontent with hospital methods, it is hardly conceivable that with less tact, or with more aggressiveness, it would have been possible to gain the foothold which was all-important at the outset.

Miss Turton, having made and held her point of vantage, and being directly occupied in Florence, saw the opportunity of securing wards in Naples, interested the right people, and sent for Miss Baxter, who had just graduated from the Johns Hopkins Hospital.

Miss Baxter was born in Italy, of English parents, and grew up in Italy. Her coming to the Johns Hopkins was one of those unpremeditated acts which

later appear so like destiny. At the very moment when she was prepared for it her work was ready for her, and she took it and has kept it to this day—the right person in the right place: a perfectly trained nurse, practical and sagacious, commanding the respect of the men and the devotion of her pupils.

In the beautiful old pink-and-yellow stuccoed General Hospital of Naples—one of the prettiest of all the cloister hospitals—she has built up a real training-school for nurses, the only thing of the kind to be found in Italy. The pupils are educated gentlewomen, and their earnestness is shown in the fact that they receive no compensation whatever from the hospital, but live entirely at their own expense, with the sole exception of a daily luncheon in the hospital. Their thorough teaching and genuine work are worthy of their teacher's *Alma Mater*.

Here, for the first time in Italy, one sees well-kept adult *patients*. Not only are the wards orderly and well-managed, but the patients are cared for through and through, and this makes the contrast with other large hospitals most striking.

This school is now in its ninth year, has thirty-five graduates, twenty-five of whom are in active duty and very successful, and is firmly established in the appreciation of the medical staff. Beginning with one ward, it now nurses seven, and only those who have visited Italy can realize the patience and ability necessary to attain this result, which to us may seem small for such a length of time.

Signora Celli, in Rome, is also a trained nurse, having the diploma of the great General Hospital of Hamburg, one of the largest and most modern in Germany, where a most extensive and varied service is to be had and where discipline and professional standards are very high. She has been married for some few years to Professor Angelo Celli, of Rome, who has done so much work in malaria and who is now, as a member of the Italian Parliament, working for legislation to enforce methods of prophylaxis against malaria.

Madame Celli has assisted her husband in much of his work, going through the Roman Campagna, taking blood specimens and making counts, and noting the results of the "control" experiments. They are both ardent social reformers as well as thoroughly professional, and he is as much interested in her nursing questions as she is in his scientific work. In her opinion it will be possible to interest many young teachers, for whom there are now not enough positions, in nursing as a profession.

Madame Celli has also made extensive studies of the conditions of the "nurse-servants" and has written articles on the same, from which we hope to quote later and which will show her opinions.

The condition of the children of the poorest classes also appeals strongly to them both, and Professor Celli has written a pamphlet describing the wretchedness of the peasants of the Campagna.

It will throw some light on the difficulties of the work before the Cellis to know that by conservative Italians of the older régime they are looked upon as dangerous innovators, only to be spoken of with bated breath.

Miss Tonino, one of Miss Baxter's graduates, and a most charming young Italian, full of intelligence and of a firm and courageous nature, has been working for five years in Rome in one of the large general hospitals, where nuns are in full charge.

She is permitted to train a class of her own pupils in these wards; but without proper facilities for teaching, without power to regulate work, without responsibility for the sick, and being there only, as it were, on sufferance, I

MEDALLIONS ON FRONT OF FOUNDLING HOSPITAL





FOUNDLING HOSPITAL IN FLORENCE. LOGGIA ON COURT

must say the effort seemed to me quite hopeless. While at the outset this may have been the only way, it now seems impossible to make any further advance while so restricted. It is a clear case of new wine in old bottles. Until the nurses can have wards to themselves as Miss Baxter has, they will not be able to give the object-lesson or make the impression which could be made by a sharp contrast.

It will be seen, however, that the beginnings of a new order have been made in Italy, and one must wish it all success. The Italian nature is so lovable and the Italian heart so warm that these young women should be ideal nurses when education is added to their other gifts.

LETTERS

VISITS TO ITALIAN HOSPITALS

(Continued from page 567)

ANOTHER most charming Italian hospital is the Ospedale degli Innocenti, in Florence. It is really a home for foundlings, managed on a scientific basis and with provision for sick and premature babes.

As some of the Italian hospitals are open to much criticism, I shall describe some of the good ones first, and the hospitals of Florence seem to be very well kept and managed, both from the medical and general standpoint.

The Foundlings Hospital is managed by Sisters of Charity, and the babes have foster-mothers, except, of course, such as are ordered artificial feeding by the physicians.

It would be hard to find a place of the kind more immaculately and beautifully kept, or babes more exquisitely cleanly and sweet from the skin out. Their beds were spotless all through, and we inspected them down to the mattress.

The wards are very attractive, the beds being oval baskets like those of the Infirmary in New York, but supported on an iron upright and small frame instead of brackets. All clean diapers were kept in a hot-air closet in the wall.

In a large dressing-room was a big, square table, and in the middle of it was a fountain fixture with faucet, worked by pedals underneath, surgical wash-stand fashion, from which flowed, when needed, a stream of warm boracic-acid solution. The table was padded and covered with rubber sheeting, and sloped on all sides towards the centre, where the stream drained off. Beside the fountain stood a jar of pledges of cotton for the eyes. It seemed to me as excellent a bit of detail as I had ever seen. I think too I have never seen anywhere a more generous amount of cubic airspace per bed than was allowed to these babies.

The floors of this hospital were of dark-red, square, brick tiles, filled in some way so as to be quite smooth. The buildings are rather old, but charming architecturally, with the Lucca della Robbia plaques on the front, and with the large central court.

I confess it was a mystery to me just how this institution was, apparently, so faultlessly kept. If the foster-mothers and servant-nurses actually do the work under the supervision of the sisters, then they both deserve compliments. It appeared too as if the physicians must be very exact in their requirements, and as if a good deal of the credit must be due to them for the details.

There, of course, are all the details of asepsis in the care of eyes, and the

very minute and thorough methods practised for avoiding specific infections, of which Miss Turton told me.

An admirable modern hospital in Florence is the Ospedale Meyer for Children. It is built on the single pavilion plan, the pavilions being connected by a broad, glass-walled corridor. The service includes all branches, the infectious pavilions standing in a group by themselves on the large grounds. The operating-rooms and surgical dressing-rooms are well-planned and are in conformity with the requirements of a strict asepsis.

Besides steam sterilization they prepare dry, sterile absorbent cotton in a way that was new to me. They use a large, double iron pan, something like a big waffle-iron, but smooth. The cotton layers go in this and the cover clamps down, and the cotton is baked to a light brown color. There are fine clinical and pathological laboratories, rooms for microscopy, photography, and bacteriological work in this hospital. They have X-rays, and a well-fitted up gymnasium for orthopædic cases, with appliances for passive and active exercises. They use the Lorenz method a great deal with excellent results.

The pavilions for infections are simple and well-planned. Patients, clothing, and attendants go in at one side and come out clean and disinfected by regular stages at the opposite end.

Through Miss Turton's kindness I saw this hospital under the guidance of the resident physicians, young men whose extreme courtesy and enthusiasm in their work made the visit especially delightful.

The housekeeping side of this hospital was also very attractive. The kitchen is a fascinating one, clean and shining, with all manner of quaint devices in brass and copper and wrought-iron. The linen of the house was beautiful, the doctors' white gowns even having embroidered initials worked by the nuns, and in the wards when the children were having their lunch I noticed a diet that seemed to me highly commendable—namely, broth with a fresh raw egg stirred into it just before taking.

I did not succeed in getting to the Obstetrical Hospital, which is said to be so admirable.

Florence is full of Mediæval nursing history. The old hospital mentioned in "Romola," where Romola used to go to visit her patients, is still standing, but now converted into the Accademia di Belle Arti.

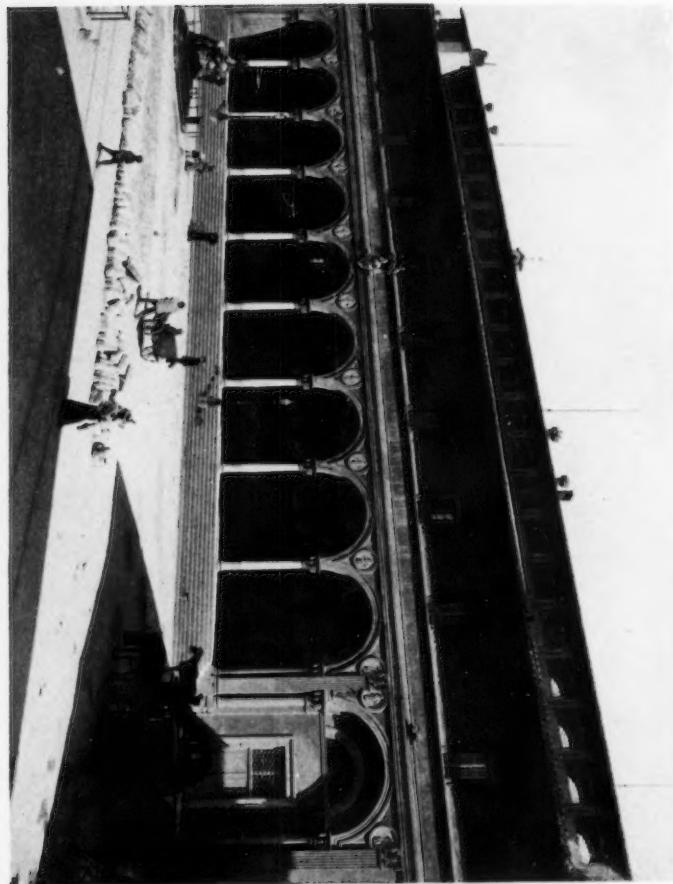
Among its pictures is a quaint representation of the two medical saints, Damian and Cosmas, setting a broken leg, and on one of the walls is a fresco showing hospital scenes in the same building in the fifteenth century. (See illustration.) This fresco is now covered by a painting which the guard will move on request.

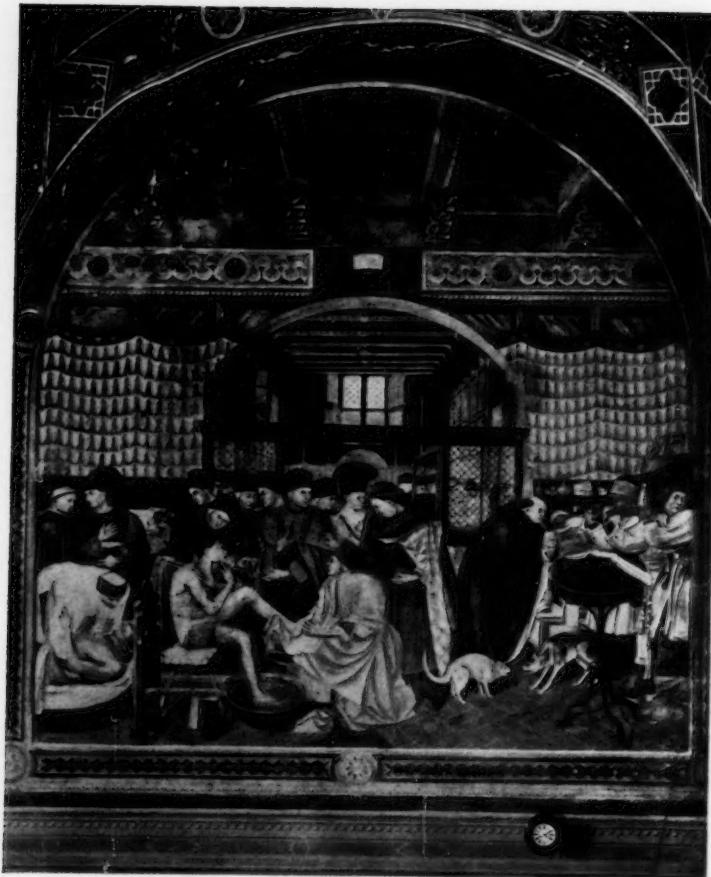
According to these old frescoes, the Italian hospitals of the Middle Ages at least gave their patients a bed each, being superior in this respect to the old French hospitals with three or four patients in one bed. Damian belonged to the Medici family (Medici—physician), and no one can be in Florence without becoming familiar with the Medici coat-of-arms with its six huge pills on the shield.

Another historical spot is the Bigallo, on the Cathedral Square, a beautiful, open loggia where abandoned babies used to be laid. Next to it is a building occupied by a religious order whose work it was to take the foundlings left in the Bigallo.

Then one sees to this day the Brothers of the Misericordia going through the streets, dressed in black with a black mask over the face. In Rome they

FOUNDLING HOSPITAL IN FLORENCE. FRONT, SHOWING MEDALLIONS





FRESCO ON WALL OF S. MARIA DELLA SCALA, SIENA

wear white. They were instituted as a sort of "First Aid" service, and really constituted a substitute for an ambulance corps. In the histories of Mediæval Florence they are spoken of as if young men living at home took turns in responding to calls for this service, their duties being to carry the sick to hospital, to transport the bodies of the dead, and the like. They are also still sent for, I am told, in private cases to *turn* or *lift* the sick! In Florence we met a flock of them, taking a dead body for interment, all dressed in black with only their eyes showing. At night, carrying torches, they are even more weird-looking. In olden times the monks kept open house in hospizes at the various city gates. The sick and wounded falling by the wayside were brought to them and tended by the monks until the brothers of the Misericordia could be called to carry them to the hospitals within the city.

Before leaving Florence, do just look in at the drug-house of Molteni & Co., on the Piazza Signoria, and see the beautiful old majolica urns in which the drugs are kept. They are a perfect picture, standing in rows up to the ceiling.

In Rome I saw another interesting relic of Mediæval hospital custom in the works of the Third Order of St. Francis.

Going through the hospital La Consolazione one day with Miss Sara MacDonald we came to a woman's ward. The usual "infirmière," or nurse-servant, was sweeping the tiled floor with wet sawdust, and the nun in charge, with sweet, serene face, was knitting as she moved about surveying the ward (although it was the morning hour, when there is much work to be done), when to our surprise our eyes fell upon a lady, evidently, with her hat on but enveloped in a big surgeon's apron, who was most busily and energetically at work over a patient. She bathed her face, neck, and hands (there are no screens in Italian hospitals, so everything can be seen), combed and arranged her hair, brushed out the bed, and carried off the basin of water to the lavatory.

With American curiosity we asked the sister if this was a relation of the sick woman, thinking this might be a solution of how the patients are done up, which is a mystery. The sister said no, she was a lady who came to do these things for the patients.

The lady, now being through her task, appeared divested of her apron, and was joined by another. Our curiosity now became too strong, and as foreigners are allowed all sorts of liberties, we addressed them in our best Italian, asking to be told about their work.

They were most courteous and responsive, telling us that they were members of the Third Order of St. Francis, which he instituted for people who live at home and cannot join regular monastic orders. They have fixed days for visiting certain wards and performing these services for patients. Some go on one day, and others on another.

We asked if there were similar work in the men's wards, and they said yes, that even princes took their turn in going to the hospitals; they trim the men's hair, wash them, cut their finger-nails, and do all kinds of little services. This seemed to us a most quaint and old-timey custom to find in the twentieth century.

A great, old, historic hospital is the Santa Maria della Scala in Siena, where St. Catherine did her prodigies of nursing work in the times of the plague. Before that she had become famous by caring for loathsome cases of leprosy and cancer that no one else would touch. La Scala is a hospital of about two hundred beds, standing just opposite the Cathedral. In early times, besides receiving the sick, it took in and educated foundlings, lodged pilgrims,

and distributed alms. Lucy Olcott, in her little book, "A Guide to Siena," says of it:

"It is now generally accepted that the hospital owed its origin to the eleventh century. It was established by the canons of the Duomo, who then lived together like monks and were obliged to devote a part of their revenue to the assistance of the poor. In time the governing power passed from their hands into those of the laity. Like the Duomo . . . the Spedale can boast a long history of its own. For centuries it served as a lodging for pilgrims as well as an asylum for the sick and poor.

"The names of two of Siena's greatest saints are intimately connected with its history—St. Catherine, who here made her daily and nightly rounds among the sick and dying, and San Bernardino, who, together with his companions, distinguished himself by his heroic care of the plague-stricken during the terrible pestilence of 1400. . . ."

The wards are long, containing about sixty beds each, and are entered from a great hall of noble dimensions, on the walls of which are frescoes representing scenes in the history of the hospital. (See illustration.) The wards themselves are rather bare and cheerless-looking, although the beds seemed good and comfortable and well-made.

The characteristic feature of these old Italian hospitals, which were formerly monasteries, is that the ceilings are enormously high beyond all proportion to the size of the ward, and the windows very high up, sometimes just under the ceiling. The height of bare wall above the beds is such that one receives the impression that there are no windows in the ward. Yet there is plenty of light, and it is possible to have plenty of ventilation. This, however, does not always follow. No doubt for hot Italian weather this makes a far more comfortable ward than our plan, but it looks to us quite strange and rather dreary.

In going through these various old wards one cannot but feel everywhere the entire absence of *real nursing*, no matter how charming the picturesque side may be. So long as the patients do not seem seriously ill, it is not so bad, but when one encounters typhoids, pneumonias, and other grave and critical cases, then all the inadequacy of this antiquated and untrained care becomes most painfully apparent.

The worst-appearing hospitals I saw from the nursing standpoint were the great General at Milan and the three largest hospitals of Rome. In these the crowding was greater and one saw more seriously ill patients. Everything looked slovenly, half or altogether dirty, and discouraging, as if there were mountains of work piled ahead which would never be caught up with. Especially in an early morning visit, before things have been straightened up, one realizes how dreadful the conditions must be through the night. True, before training-schools were started our own city and county hospitals were worse yet, and we may still have some in remote corners that are as bad, where the trained nurse has not entered.

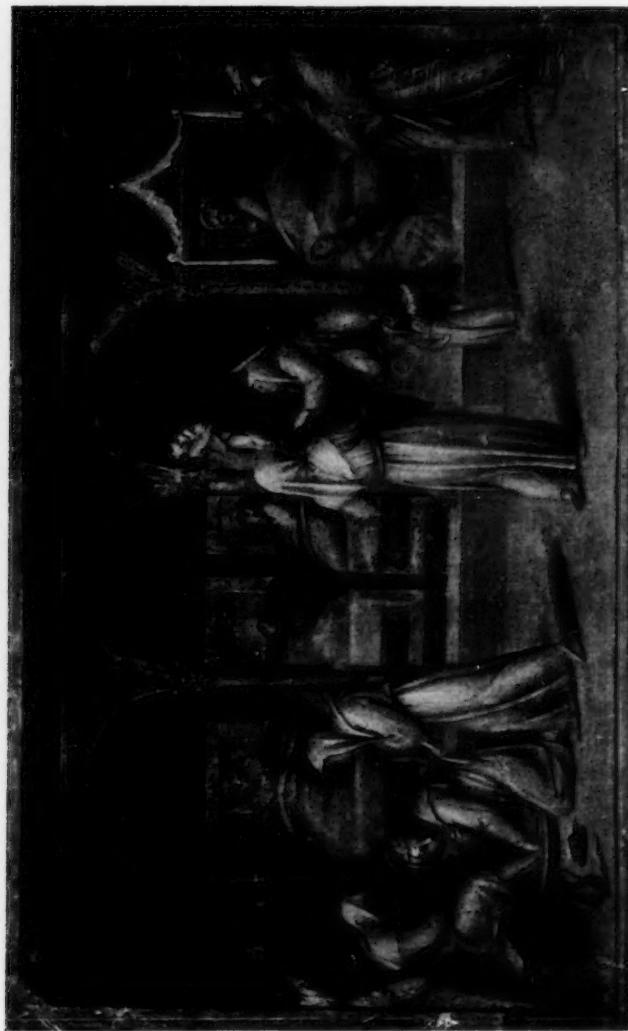
The nuns in these gigantic hospitals looked worn and haggard, and I do not doubt that they are all overtaxed, even although nothing is properly done.

It is certainly a mystery to me how the physicians and surgeons get good results in these hospitals, and how they can be willing to go on in that way. In one ward we saw poultices being made which looked like very bad mortar, and in another ward a dressing-case with instruments, appliances, and stimulants was positively pathetic in its unconscious dirt.

L. L. D.



THE CARE OF FOUNDLINGS. FRESCO ON WALL OF S. MARIA DELLA SCALA, SIENA



FRESCO ON WALL OF ANCIENT HOSPITAL, NOW ACCADEMIA DI BELLE ARTI, FLORENCE

CHANGES IN THE ARMY NURSE CORPS



CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING APRIL 12, 1904.

ARMISTEAD, AMANDA J., formerly on duty as dietist at the Hospital Corps School of Instruction, Fort McDowell, Angel Island, Cal., discharged.

Beidler, Cora A., graduate of the Reading Hospital, Reading, Pa., appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Campin, Mary L., reappointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Chamberlin, Anna B., recently reported at the First Reserve Hospital, Manila, P. I., for duty; awaiting assignment.

Craig, Mary E., transferred from the General Hospital, Presidio, San Francisco, to duty in the Philippines. Sailed on Buford March 10.

Griggs, Edith Young, transferred from the General Hospital, Presidio, San Francisco, to duty in the Philippines. Sailed on Buford March 10.

Hammett, Annie M., graduate of the Maryland Homeopathic Hospital, Baltimore, appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Hine, M. Estelle, transferred from the General Hospital, Presidio, San Francisco, to duty as dietist at the Hospital Corps School of Instruction, Fort McDowell, Cal.

Hunt, Helen Grant, recently reported at the First Reserve Hospital, Manila, P. I., for duty; awaiting assignment.

Innes, May B., formerly on duty at the General Hospital, Presidio, San Francisco, discharged.

Langstaff, L. Eleanor, graduate of the Rochester City Hospital, appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Lindley, Laura L., reappointed and assigned to duty at the General Hospital, Fort Bayard, N. M.

McHugh, Cecilia, reappointed and assigned to duty at the General Hospital, Presidio, San Francisco.

McNaughton, Bessie B., transferred from the First Reserve Hospital, Manila, P. I., to the United States for discharge. Arrived in San Francisco on the Thomas March 15.

Mason, Edith A., recently arrived in the Philippines, assigned to permanent duty at the First Reserve Hospital, Manila.

Meuser, Gretta B., a patient at Iloilo in November, ordered back to First Reserve Hospital in December for further observation and treatment.

Moore, Nellie, recently arrived at the First Reserve Hospital, Manila; awaiting assignment.

Perkin, Willessie M., formerly on duty at the General Hospital, Fort Bayard, N. M., discharged.

Richmond, Vena E., formerly on duty at the General Hospital, Presidio, San Francisco, discharged.

St. Cloud, M. Inez, formerly on duty at the General Hospital, Presidio, San Francisco, discharged.

Snell, Cora Lucretia, transferred from the First Reserve Hospital, Manila, to the Convalescent Hospital, Corregidor Island, P. I.

Storry, Frances B., transferred from the First Reserve Hospital, Manila, to the Base Hospital, Iloilo, P. I.

Sweet, Agnes, transferred from the First Reserve Hospital, Manila, P. I., to the United States for discharge. Arrived in San Francisco on the Thomas March 15.

Thompson, Ida L., formerly on duty at the General Hospital, Presidio, San Francisco, discharged.

Weber, Eva Dora, recently arrived in the Philippines, assigned to permanent duty at the First Reserve Hospital, Manila.

Wollpert, Julia, transferred from the General Hospital, Presidio, San Francisco, to duty in the Philippines. Sailed on the *Logan* April 1.



TO KILL BEDBUGS.—In response to an inquiry by a subscriber to the *Journal of the American Medical Association* as to the best method of killing bedbugs Dr. D. A. Kriesel, of Milbank, S. D., recommends the use of formalin as being more efficient than the bichloride solution. The room should be at a temperature of 70° F. or warmer in order to promote more rapid evaporation of the solution, thereby affecting the bugs that may have escaped the fluid. The fluid should be introduced into all the cracks and crevices by means of an ordinary oil-can. The application should be repeated after five or six days in order to kill any young bugs hatched from eggs not devitalized by the first treatment. The hands must be protected by gloves in order to avoid any escharotic effects. Dr. Kriesel has used this for three years and has never seen it fail.

Dr. J. W. Croskey, Philadelphia, recommends, as a practical and sure remedy for bedbugs, a solution composed of equal parts of spirits of turpentine and aqua ammonia applied in the same manner as the foregoing solution.

CERTAIN ABUSES OF SEA-BATHING AND SEA-AIR TREATMENT.—The *Medical Record*, quoting from a French contemporary, says: "Henri Lamarque protests against the carelessness shown by many patients who go to the seaside for treatment, plunge into the water without observing the slightest precautions, suffer chills and have no reaction, and perhaps take two baths a day. Moreover, cold bathing is contraindicated in many cases, but no attention is paid to these contraindications. In rheumatism, gout, herpes, cold bathing can only be harmful. Young girls and women often suffer from a form of arthritic trouble which simulates anaemia. There may be amenorrhoea, or dysmenorrhoea accompanied by nervous conditions, dyspepsia, neuralgia, etc. The cellular tissue is overdeveloped, the venous system is affected, as shown by the appearance of reddish or purple lines on the skin in various situations and the ready formation of ecchymoses. The uterus will be found to be congested. In these cases sea-baths should be absolutely forbidden."

LETTERS TO THE EDITOR

[The Editor is not responsible for opinions expressed in this Department.]

DEAR EDITOR: Allow me through the JOURNAL to express my opinion in regard to the salaries paid by the hospitals throughout the Eastern and Middle States to graduate nurses.

For years past I have followed the progress of training-schools and the nursing profession. I notice with dismay how almost every journal contains offers to "competent graduate nurses" of positions as head nurses, surgical nurses, assistant superintendents, etc., at a salary of thirty dollars per month.

Let me ask, What does this mean? What are the nurses thinking of? What is thirty dollars per month to a woman who has devoted the best time of her life in preparing herself for her work? Let me ask: Are the nurses so anxious to do charity towards the hospitals as to actually give their strength and their life for the paltry thirty dollars?

Almost all kinds of labor is well paid in the United States compared with other countries, but the salaries offered to and accepted by nurses are absolutely disgraceful when we take into consideration the class of women in general that are required in the training-schools, none but the cream (as the saying is), physically, being accepted as probationers, and intellectually they must be on an average, if not above the average. During the two- or three-years' course of training the manual labor (call it training if you please, it is labor just the same) in some schools is so hard that very few of the applicants have ever worked so hard before, and, it is almost safe to say, never after. But it is all for the diploma.

Therefore, why should not the hospitals compensate the competent nurse in a proper manner? Every one of us who has done hospital and private work for years knows what an enormous mental and physical strain it is.

Ought we, when our working-days are over (in many instances while still young), to be taken care of by kind relatives or the county poor-house simply because we were underpaid during our best years when we could work?

Ought we not to demand higher salary for hospital work, or shall we go on meekly and gently and do our best, and let the hospital authorities dictate to us what our work is worth?

HANNAH STROM,

322 W. Broadway, Butte, Montana.

March 25, 1904.

DEAR EDITOR: Noticing in February JOURNAL the remark in connection with the English Registration Bill, "the English nurses accept our title of R. N.," may I say that it gives hardly the correct historical inference, as more than twelve years ago, when Mrs. Fenwick, Miss Breay, Miss Stewart, and others made their first campaign in the Royal British Nurses' Association for registration, they advocated the title of "Registered Nurse." That was long before we

had begun to think of such a thing, and the words "Registered Nurse" have been a war-cry in England ever since.

May I also add a few words in explanation of the discussion over district nursing in New York City and the editorial in *Charities*?

I think it was not supposed, or meant to be supposed, that any nurse in district work objects to working under a doctor. The point in controversy was this: Shall district nurses respond to calls from *patients*, or must they wait to be sent by a physician?

In other words, has the district patient a right to ask for a nurse if she wants one, or can she only have one on the order of the physician?

This is a controversy that arises periodically in district work. I have quoted in "Foreign Items" from *Nursing Notes* showing that this same question arises in England.

There are always some physicians and some members of Boards of Managers who hold that a district nurse should not go to any case except upon the call of a physician. And this was Dr. Daniels's contention, as I understand it. But the founders of district nursing and, as I think, all nurses, hold that the nurse is for the benefit of the *patient*. No one would for a minute contend that a wealthy and well-to-do patient could not send on her own volition for a nurse. If she wants one, she can have one, even if her physician does not suggest it. Can it be held that the poor tenement-house patient has not the same right? It is not a question of the nurse working independently, for she sees that the patient has medical attention in every instance.

Many poor tenement-house dwellers who are greatly comforted and helped by the nurses would never have a nurse if it were left to the busy dispensary physician to send her. Simply because their cases are not acute, he sees no special reason why a nurse is needed, and he can keep the nurse busy doing things which save his time and steps. I do not say he should not have this service, but he should not have it by depriving the poor of their right to send for a nurse. I have known this theory to be carried so far by some physicians that when, for some impulse or ignorance so common among the sick, they are dismissed and another called in, they think the nurse should leave the case also.

These brief points will, I hope, make it clear just what *Charities* meant.

L. L. DOCK.

To the Editor of the AMERICAN JOURNAL OF NURSING:

The duties and privileges of nurses in private practice obviously need authoritative formulation and widespread universal presentation.

Difficulties arise constantly because this is not systematically done. As a general practitioner, it constantly happens to me, and presumably it is the same with others, to be asked by the family or the nurse, "What are the rules?" When these are outlined by us it may transpire that the statements of other physicians are quoted, differing more or less from ours.

It would seem that if each nurse when sent out from a directory or bureau or other centre were provided with a printed circular setting forth her duties and privileges and the duties of the family to her, which she should hand to some member of the household or display, much confusion and trouble might be saved.

No doubt there are local regulations or traditions covering all the points, but it would be far better if they should emanate from some authoritative source. Who shall be the arbiter I do not pretend to suggest. If the medical attendants,

then it may be that the matter would be taken up by the American Medical Association, and thus would stand upon the highest and broadest basis. If this is the prerogative of the nurses, then the Association of Nurse Superintendents are presumably the highest court of appeal for the establishment of precedent.

J. MADISON TAYLOR, M.D.

PHILADELPHIA, PA.

[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—Ed.]



LIQUEFIED AIR.—Dr. A. Campbell White has an interesting article in the *Medical Record* on the therapeutic uses of liquid air. The natural air is compressed to the extent of about two thousand pounds to the square inch at a temperature of 220° below zero. It then pours from the liquefier just as water does from a faucet. As it, of course, freezes the tissues when brought in contact with them, it is a local anaesthetic. The extent of freezing can be regulated to cause no sloughing whatever or any degree desired. There is no pain, and the anaesthesia lasts from thirty to forty minutes. It may be used in the evacuation of abscesses and pus cavities, to reduce inflammation, as of the knee, by the application of a towel soaked in the liquid quickly and intermittently applied, or by a glass bulb filled with the liquid being rolled over the part, this method being particularly applicable in the abortion of acute adenitis, periostitis, and similar cases. Any foreign growth on the skin or within reach of operation can be destroyed by liquid air, such as a nævus, or any birthmark or a fibroid tumor. The same applies to almost anything, from an acne pustule to haemorrhoids. Dr. White has removed a large inoperable scirrrous carcinoma of the heart by this means. It is almost a specific in carbuncle. Good results have been obtained in the treatment of lupus, and it is suggested for use in diseases of the air-passages, hay fever, bronchitis, asthma, laryngitis, etc., and possibly to reduce the temperature in fever. As we have always known air is a gas in its liquid state, we call it liquid air. It is the air we breathe in a liquid form, just as water is steam in a liquid form.

AVOIDANCE OF VOMITING AFTER ETHERIZATION.—At a meeting of the New York Academy of Medicine, in a discussion on a surgical operation, Dr. Gallant said that his own method of avoiding severe vomiting was by giving minute doses of morphine twenty minutes before the etherization. For a person weighing one hundred pounds or less he gave one-twelfth of a grain, for one weighing one hundred and twenty-five pounds or less one-eighth of a grain, and for one weighing over one hundred and twenty-five pounds one-sixth of a grain. In a few cases in which vomiting occurred despite this precaution the patient was encouraged to drink very freely of hot water, even if this were vomited; it acted beneficially by washing out the stomach and thus leading to a cessation of the vomiting.

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EDITOR'S MISCELLANY



THE HYGIENE OF PNEUMONIA.—Dr. W. Gilman Thompson, in the *Journal of the American Medical Association*, concludes an exceedingly valuable paper on "The Treatment of Lobar Pneumonia" with the following:

"HYGIENE."

"The general hygienic treatment of pneumonia is substantially that of typhoid fever, and I shall not take time for its discussion here, for it involves questions which are much less the subject of controversy than the use of drugs. As for diet, with high fever and tongue dried by mouth breathing and heavily coated, milk constitutes the best food, but under more favorable conditions considerable variety may be allowed, and such articles may be given as broths, egg albumen, beef-juice, orange-juice, kumiss, junket, and palatable gruels of various kinds. The care of the mouth should receive as much attention from the nurse as in typhoid fever, for a foul tongue promotes the indigestion which has been above referred to as so injurious, besides making it difficult to swallow and adding much to the discomfort of the patient. The usual mouth cleansing with hydrogen peroxide and mild antiseptics should be performed.

"THE IMPORTANCE OF REST."

"Overzeal in the treatment of pneumonia is, I think, more to be criticised than anything else. This includes overstimulation of the heart, overuse of expectorants, and, above all, incessant 'fussing' about the patient, who, in the well-intentioned but ill-advised efforts of his care-takers, is often allowed scarcely ten minutes in the day for repose. I was lately called to see a physician in desperate plight with double pneumonia, whose brother practitioner was giving him frequent stimulating hypodermic injections, whose nurse was constantly administering expectorants and stimulants in the intervals of renewing poultices and supplying oxygen, whose wife was aiding by giving cold sponge-baths literally every fifteen minutes (!), and whose anxious family were frequently looking in at the door to inquire how he felt.

"It takes some courage and much experience not to overdo in the treatment of pneumonia. There is no other disease in which the idea of combat against the elements of death presents so active and intense a clinical picture. The picture changes from hour to hour, the time for combat is brief, and no matter how severe the odds against life may appear, there is always a chance, what one terms the 'fighting chance,' up to the patient's very last breath. Hence, the temptation for active interference may outweigh one's calmer judgment, and the patient may lose through exhaustion that modicum of strength which might at the last moment have turned the balance in his favor. It may seem somewhat trite, but experience shows that it is not so, to insist that proper intervals of absolute rest, of two or even three hours, should constitute a definite part of the treatment. The giving of medicines, food, and stimulants, as well as all remedial measures, should be so carefully outlined for the nurse that there can be no mistake on this point, and during each twenty-four hours there should be several

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such periods for rest prescribed. An hour's sleep will often do more to save the patient's life than all the medication he has received throughout the disease, and there are times when it should be remembered that 'they also serve who only stand and wait.'

MISS ISABEL M. EMBERLEY, whose appointment to the Bishop Rowe Hospital in Skagway was recently announced, made a record trip from Boston, reaching Skagway in ten days. "I found a most cordial reception waiting me at the hospital," she writes; "the town was less cordial, for a northern storm hailed my arrival and continued till to-day. They tell us the wind blows through Skagway from the north and then turns round and blows back again, and keeps repeating this performance all winter. The mountains round about us are very grand, their summits all white and gleaming now, lifting themselves above the clouds. Of the town I have seen but little as yet—we are quite suburban, you know. Not everyone can have stumps at three-foot intervals in their street, and in daylight we are duly proud of them, but at night—and Skagway winter nights are absolutely opaque—we walk as delicately as Agag of old. The hospital is charming, showing everywhere the touch of a splendid woman. There seems to me every indication that the work is going to grow, and that our usefulness here will by no means end with the care of the sick. There is much else to do, much that is sadly needed."—*Spirit of Missions*.

THE PHYSIOLOGICAL ACTION OF THE RADIUM RAYS AND THEIR THERAPEUTIC APPLICATION.—The *Medical Record* in a synopsis of an article in a German medical journal says: "Scholtz has been experimenting with radium on animals and on patients and finds that its rays have certain properties in common with the X-rays and the Finsen rays and that they also differ from them in certain respects. While the general effect of radium rays on the skin resembles that of the X-rays and overexposure produces similar lesions, important gross and microscopical differences are noted. The visible changes produced by the X-rays usually appear only after the fourteenth day, but the radium rays cause a pronounced erythema in about twenty hours, even after an exposure of only three to five minutes. In sections made at this time a dilatation of the vessels of the papillary layer is visible, and on the third or fourth day there is slight swelling of the connective tissue. The X-rays produce no changes to be detected by the microscope so soon after the exposure. In order to test the penetrating power of the rays the author fastened the ears of a rabbit one over the other on the animal's back and then exposed them to the radium for fifteen to thirty minutes. A marked reaction was produced in both ears and the skin of the back became inflamed and lost its hair. Bacteria are killed by the rays both in agar plates and suspended in fluids. With the radium at a distance of two millimetres typhoid bacilli were killed in three hours. The author's therapeutic results on cases of furunculosis, lupus, psoriasis, and epithelioma are very encouraging, two cases of the latter appearing to have been permanently cured. The great advantage of the radium is the ease with which the substance can be applied to otherwise inaccessible regions, such as cavities like those of the mouth, vagina, nose, etc., and even the interior of tumors."

EDITORIAL COMMENT

PROGRESS OF REGISTRATION

THE reports from the different States having bills before the Legislature has so far been somewhat disappointing. The Massachusetts bill has been held over until another year. This bill calls for the establishment of a special commission for the registration of nurses, and Governor Bates has put himself on record as being opposed, on general principles, to the establishment of new commissions. The nurses' bill was opposed in the Legislature by the Board of Medical Examiners of the State, and an attempt was made to place the registration of nurses in the hands of the Medical Commission. This the nurses of Massachusetts absolutely refused to consider, and the bill, for this year, is killed. The leaders in the movement are not in the least discouraged, however, as they will know in the future what opposition to expect and what support they may rely upon.

IOWA BILL AMENDED.

We announce with great pleasure that the Legislative Committee of the Iowa State Nurses' Association has very wisely amended the bill, of which criticisms have been made in this department in the last two numbers, cutting out the clause placing the registration of nurses in the hands of the Board of Medical Examiners of the State, and substituting provision for a Board of Nurse Examiners. We understand, however, although the nurses have been cordially received by influential members of the Legislature, the bill will not go through this year. We have not yet seen the Iowa amended bill.

STATES IN LINE.

The nurses of California have organized a State association, and have already completed their constitution and by-laws. Louisiana and Michigan have taken the initiatory steps for the formation of a State society, as have also the nurses of the Province of Ontario in Canada. These newly organized States will be in a position to take up the subject of legislation intelligently with the beginning of another winter, and legislative work for the coming year promises to be very active.

THE MARYLAND BILL A LAW.

The Maryland Bill for the State registration of nurses, having passed both houses, has finally been signed by the Governor and is now a law. A meeting of the State society was held on April 15 for the purpose of nominating an Examining Board, which consists of five members of the State society chosen out of twelve names submitted to the Governor. The qualifications of these examiners are that they must be members of the State society, having had not less than five-years' experience in the practice of their profession subsequent to graduation. Wishing to be sure of a good, strong Examining Board, the names of those best qualified for that office have been selected, regardless of whether or not they are at present engaged in teaching. This seems to us a very wise provision, and we hope that no petty jealousies will ever arise which will exclude from a Board of Examiners those best qualified to conduct that work. In New York

State the law governing the Regents' office forbids any examiner to be appointed who is engaged in teaching, excluding those best qualified from serving.

NEW YORK STANDARDS.

The work of the nurse examiners of New York State has been of an exceedingly difficult character during this first season. The work of deciding upon the standards of education to be required of training-schools proved to be an exceedingly difficult task. The curricula of the great number of schools applying for registration showed what was well known to exist—an entire lack of uniformity of instruction, both theoretical and practical, not only in New York State, but throughout the country. The important points to be considered in deciding upon the minimum requirement of education for training-schools was to avoid demoralizing the nursing service of worthy and reputable hospitals that it was shown were now paying very little attention to the thorough and systematic instruction of their nurses. Until such hospitals had been given an opportunity to conform to a simple minimum standard of training, they could not justly be denied the privilege of the registration of their schools under the requirements of the law. To arrange a simple curriculum which would be just to such hospitals, and at the same time give to their pupils a fair nursing education, was the problem which the New York examiners were called upon to solve. In other words, the board was called upon to define, for the first time in nursing history, what should constitute a general training; and the requirements for the registration of training-schools, issued from the Regents' office and published in the April number of the *JOURNAL*, embody the recommendations of the examiners to the Regents of the university. The Board of Examiners purposely avoided any requirements for a curriculum of theoretical study, feeling that until provision for practical experience and instruction had been provided by the hospitals, it was useless to make great demands for instructions in theory, and knowing that when provision for practical experience in the branches required—namely, medical, surgical, gynaecological, obstetrical, and the nursing of children—had been provided, with experience in cooking, that a curriculum of theory would easily follow without being a hardship to the class of hospitals being specially considered. In the light of the standards of education now established in the leading training-schools of the country the requirements of the New York law, as it is now in operation, seem, possibly, very meagre; but it must be borne in mind that such a reform as the registration of training-schools under the Regents now contemplated calls only for the minimum of education which shall be recognized. The higher-grade schools will go on broadening and developing, and the lower-grade schools, with a uniform, minimum standard, made compulsory, will gradually be brought up to the standards of the advanced schools.

The work of the nurse examiners and of the Regents' office has been very much impeded by the reorganization of the Regents of the University. The examiners' recommendations to the Regents were sent to Albany the latter part of January, and it was nearly at the end of March before they were formally acted upon at the Regents' office. During this unavoidable period of waiting came an accumulation of problems which the examiners at a meeting April 18 endeavored to solve, and it was with difficulty that a quorum of the board came together and gave the time that the work demanded. Miss Palmer, the president of the board, had been out of the State for some weeks; Miss Damer, of Buffalo, was changing her residence at this time to New York City, and the other members were very much burdened with an accumulation of work of various kinds.

THE PRICE OF THE JOURNAL

WE have had a number of letters of inquiry from secretaries of alumnae associations asking for more detailed information in regard to JOURNAL ownership, which we evidently failed to make plain in our comment of last month. The amount of the fund which must be raised by the alumnae members in order that the Associated Alumnae may own the JOURNAL was included in our statement in the March number of the magazine, but was evidently passed over by many of the alumnae readers. We repeat, for the benefit of those who may read this paragraph, that the amount of money to be raised, according to the statement made last year at the alumnae meeting, is ten thousand dollars. The shares of stock are valued at one hundred dollars, and one of the plans suggested, if the Associated Alumnae fails to raise the ten thousand dollars for the complete ownership of the magazine, is that each alumnae association shall buy at least one share of stock, and that this stock shall be diffused as broadly throughout the alumnae associations of the country as possible. In this way the alumnae associations owning stock would have a direct voice in the JOURNAL management and would receive, in the dividends that the JOURNAL might pay, a fair interest for their money. Another suggestion which has been received from an active member of the Alumnae Association is that all alumnae members shall be assessed an equal amount, and that the dividends shall be divided among the alumnae associations in proportion to their membership, to be used as a sick-benefit fund. Roughly estimating the alumnae constituency as five thousand members, this would make an assessment of two dollars each. This would seem a very simple solution of the whole situation but for the fact that only a comparatively small proportion of the alumnae members are sufficiently interested in the magazine to subscribe for it, and also when we take into consideration that in the beginning, if the alumnae members had been willing to advance two dollars each as a year's subscription to the magazine, the stock company need never have been formed. The great body of nurses who make up the subscription list of the JOURNAL are women outside of the Associated Alumnae, and judging by the past, we fear that if the Associated Alumnae ever owns the magazine, the money will be contributed by a few alumnae associations and the same small group of women who have borne the burden of the magazine from the beginning. This plan, based upon mercenary grounds, lacks the professional spirit that should be the motive for alumnae ownership.

OUR PITFALLS

WE have had many and varied good reasons for desiring organization for ourselves, and these good reasons have been set before us in every conceivable form until it might be thought that the argument was entirely onesided and that with good organization all our troubles would be over, but such is not the case, for the best system in the world will be faulty, and it behooves us to recognize our pitfalls and avoid them if we can. A weak spot in our practice was pointed out last month in Miss McIsaac's letter in the constant changing of delegates; but we have another spot which is not only weak, but dangerous—namely, politics. In the beginning everybody seemed to think only of getting the best woman for the place, but nowadays we hear of solid delegations from certain schools or sections going to convention with the avowed purpose of putting in some friend. Nothing could be worse for us, and if our societies are to be used for the purpose of exploiting one school or section or group, it is time we understood the situation and realized its dangers.

From several societies complaints are made of women who have never been active in any alumnae work getting themselves sent as delegates by methods no better than the "ward boss" employs, while intelligent, hard-working members whose voices would be of some value are unrecognized by their alumnae.

Too much cannot be said upon the importance of selecting well-instructed delegates who thoroughly understand why they are sent, but if some of the delegates disregard their instructions and look upon the occasion as a holiday to be filled in with sightseeing instead of attendance at convention we are again in danger. It has been suggested that a roll-call for every session might keep some of these strollers in their places. But we do not wish delegates to be sent who must be kept on duty by such methods, and societies would do well to know exactly what kind of women they are choosing and to realize that the delegates they send establish a reputation for their school and its alumnae.

JOURNAL HEAD-QUARTERS

THE head-quarters of the JOURNAL officers during Alumnae week is to be at the Colonnade Hotel, on Chestnut Street. This is one of the old hotels of Philadelphia, but is exceedingly comfortable and convenient. Members of all committees would do well to make this hotel their head-quarters.

CONVENTION SUGGESTIONS

ONE of the pleasures of being an editor is the feeling that nurses in many places write to us for advice and suggestions in regard to a great variety of subjects, and what our large alumnae meetings demand in the way of dress is a question which we have frequently been asked. Our little suggestion, made at the time of the Buffalo Congress, that members should go provided with old and comfortable shoes for sight-seeing, brought out so many expressions of gratitude that we venture to say a word at this time with reference to the etiquette and social requirements of our big nursing conventions. We are women before we are nurses, and what to wear is just as important to us as to other women. No nurse, wishing to attend any nursing convention, should feel herself in any way handicapped by the lack of an elaborate wardrobe. The simple rules of dress governing other functions apply to our big conventions. The simple shirt-waist suit is all that is required for the meetings, and ordinary street dress, with hats on, applies to all day functions, whether lunches, receptions, or afternoon teas. For any evening entertainment—dinners, receptions, or theatre—the best we have, whether simple or elaborate, with hats off, is a safe rule to follow. White gloves for either afternoon or evening are always good form, but not essential.

Right here we would like to say that the growing custom of so much entertaining at all of our large gatherings—so many formal receptions, teas, and dinners—is infringing more and more upon the business for which we come together, and taxes the strength of the members to a somewhat deplorable degree.

The officers and members of committees have a great deal of important business to transact apart from the regular sessions, and the double effort to do the necessary committee work and to enjoy these social courtesies brings a great strain upon a large group of members and sends them home exhausted, rather than stimulated, by the trip. Although we appreciate to the fullest the courtesies which we have enjoyed in many cities, the recollection of the fatigue involved is still vivid. Old friends like to visit together, and new delegates come into closer touch with their fellow-workers if given an opportunity in little informal groups

in sight-seeing or in their hotels rather than in attending large, formal social functions.

THE PROVIDENT HOSPITAL TRAINING-SCHOOL

IT has been our privilege during the winter to have been for a number of weeks the guest of the Provident Hospital and Training-School in Chicago, where we have had an opportunity of judging by daily association and observation of the work of a hospital organized by colored people and of a nursing service composed exclusively of educated colored women. This hospital is under the supervision of a white superintendent, Miss L. S. Smart, a graduate of the Boston City Hospital, who has held a number of hospital positions in different parts of the country. From the standpoint of order and dignity and technical skill the nursing service of this hospital would seem to compare more than favorably with hospitals of the same size and class in other cities where the nursing service is composed of white women. Perhaps there is no more practical demonstration of what education is doing for the colored race than can be seen every day under the roof of this institution: colored surgeons performing the same difficult operations, with the same equipment and technique as will be found in the other hospitals of Chicago, with equally good results, and colored nurses performing their portion of the work of a well-organized and progressive hospital with the same intelligence and skill as may be found elsewhere; and, strange to say, the great majority of the patients these colored women are caring for are white. Two members of the Board of Trustees are white men, and there are several white members of the medical staff serving on the same basis as the others; but the opposition which the organizers of this hospital have had to face has come from the ignorant colored people of the city, who prefer being cared for in hospitals where the service is given by white people. There are a number of pleasant private rooms which are occupied by a cultivated class of people, and all the emergency cases from the stock-yards are brought here. We understand that colored people throughout the country consider the Provident Training-School among their most important educational institutions. It is the first Training-School for colored girls, the requirements for admission are higher, and it opens a field of occupation where the color line seems to have little influence. In view of the fact that the Provident Hospital was established to provide a training-school for colored nurses, we shall publish a little sketch of this unique institution, with photographs, later in the year.

CHICAGO'S INTEREST

DURING our stay in Chicago we were very much pleased with the interest shown in the burning question of the JOURNAL ownership by the Chicago nurses.

This interest was expressed by our receiving invitations to speak on the subject before eleven different groups of nurses. Lack of time and strength only prevented our taking advantage of all of these courtesies. As it was, we managed to accept seven of the invitations, where the cordiality of our reception was most gratifying.

INERTIA OF THE MASSES

WE have been surprised to realize, not only in Chicago, but in other places, how little the masses of alumnae members know of the origin and

history of our JOURNAL. Their surprise that they have a professional obligation to the JOURNAL shows how negligent the superintendents have been, and of how little importance the delegates who have been sent year after year to the national meetings have considered the subject to be.

How many times have these delegates in their reports to the societies they represented said in emphatic language, "I voted that the Alumnæ Association should establish a magazine, and I expect every member of this association to sustain me in that vote by subscribing for the JOURNAL at once"? How many of these same delegates have followed up the members and solicited for subscriptions until they felt proud of the representation of their schools on the subscription list? Very few, if any! The indifference and inertia of the masses of nurses is the discouraging feature of all our organization work, and the very slow development of a true professional spirit the most disheartening condition with which the workers have to contend.

WHERE GLORY LEADS

WE have been somewhat puzzled, since Dr. McGee's expedition to Japan has been given so much publicity, to know what particular office she was to hold after reaching Japan, as, of course, no one supposed for a moment that she intended to perform, under any circumstances, the practical, homely duties of a nurse, and, as everybody knows, a chaperone for a party of nurses is quite uncalled for. We have been greatly interested to learn from Dr. McGee's statement on another page that she has been given a special passport and a letter such as is given officers of the army and navy who have been ordered to witness the operations of war. It seems quite like reversing the usual order of things for a distinguished medical officer to seek such notoriety under the cloak of the nursing profession.

HARVARD'S endowment for a chair of theoretical and practical nursing seems to be an assured fact. We hear rumors that this distinguished professorship is eagerly sought for and will probably be obtained by one of New England's most brilliant medical men. As it has been so generally conceded that nursing can only be taught by nurses, as a matter of simple justice, this chair should be filled by one of the many able members of the nursing profession who has proven her ability both to organize and to teach. We understand that Harvard's nursing department is exclusively for medical students and not for nurses, as we first supposed, and the kind of nursing instruction that such students especially need can only be obtained from nurses. We shall await developments at Harvard with great interest.

THE ROCKEFELLER GIFT

OUR readers will be interested in the Rockefeller gift of five hundred thousand dollars to the Johns Hopkins Hospital and *Training-School*, which enables the hospital to go on with its work in all departments without retrenchment. The statement is made that Mr. Rockefeller's gift will make possible the rebuilding of the burnt warehouses, and that the value of the new houses will be so much greater than the old that the income of the hospital will ultimately be increased. Mr. Rockefeller's recognition of the training of nurses is most gratifying, and we congratulate the Johns Hopkins Training-School upon its assured future.

THE NURSING STORY

HAVE the nurses noticed that they are enjoying(?) popular appreciation in the field of fiction just now? The *Metropolitan Magazine* for April gives us a tale of a woman of particularly high type who is launched into our field to be happy ever after in "Job's Widder," by R. G. Havens, and in *Scribner's* for April there is a tale of the most realistic sort. The geography is so markedly plain that one almost recognizes a sanatorium in New York, and almost names doctors, nurses, and even patients. The illustrations of this tale are particularly fetching. It is written over the name of Edward Boltwood, and it is surmised that no nurse had any hand in its production.

PRACTICAL TEACHING IN DRUGS

A RECENT development of the work of the Preparatory Department of the Johns Hopkins Training-School places a group of students on duty in the pharmacy each morning for a certain number of hours. Here they assist the pharmacist in the preparation of drugs required to fill the orders from the wards for the day. They learn how to make infusions, fluid extracts, tinctures, the making of solutions from standard strengths, mixing of ointments, weighing and blending ingredients, prescription reading, and the general sorting, filling, and grouping of such drugs as are required for use in a large hospital daily. The familiarity thus acquired with drugs in all forms and the accuracy taught in weighing and measuring will be of greater value to the students than the didactic teaching which has hitherto been the only method usually used in handling this subject. A more detailed description of this work will be presented in the JOURNAL later.

MEETINGS OF THE MONTH

THE reports of the annual meeting of the New York State Nurses' Association is found in the Official Department.

The quarterly meeting of the Pennsylvania Nurses' State Association, held at Wilkes-Barre, brought out a large number of nurses and was in every way most successful, but the report reaches us too late for insertion in this number.

IMPORTANT—CHANGE OF ADDRESS

AFTER a winter spent between New York, Boston, and Chicago, the Editor-in-Chief has returned to Rochester, N. Y., where she will be permanently located in her own house, 247 Brunswick Street, after May 15. Such frequent changes of address has made much confusion in the mail, which she hopes will be entirely obviated hereafter.

The lack of a permanent residence has greatly complicated the making up of the JOURNAL from month to month, and this change will give the editorial office a permanency which it has not before had.

The Editor requests her many friends and regular contributors to kindly note this change.

STONY WOLD SANATORIUM, FACING LAKE

